Lettsomian Lectures

ON THE

DIAGNOSIS AND MANAGEMENT OF LUNG-DISEASES IN CHILDREN.

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LECTURE II.

MR. PRESIDENT AND GENTLEMEN,—If the diseases that came under consideration at our last meeting deserved anxious study by reason of the difficulties that surround their recognition and treatment, the group of diseases that come next for discussion may found a further claim on your notice through their extreme frequency and destructiveness. For of the whole number of illnesses with which young children are brought to us, at least one-sixth are examples of catarrhal diseases of the lungs; and of the causes of death that carry off children under five years of age, almost that same proportion may be primarily referred to these diseases, to say nothing of the numerous instances where they are fatal as complications of other acute complaints.

The light in which, this day fortnight, I regarded the diagnosis of phthisis in the child was altogether such as we may get at the bedside. To-day I shall ask you to regard the phenomena of bronchitis and its consequences to some extent in the light of the post-mortem room. For not only is a history of physical signs in these complaints of small value unless described along with the morbid appearances which they indicate, but it is around the pathological conditions consequent on bronchitis that most other morbid states in the lung range themselves; and certain of these, to which I made too brief reference in my former lecture, will now come advantageously under review.

Let us begin by recalling the ordinary clinical course of an average bronchitis in the adult; with tolerably smart fever, much cough and sternal pain, oppression of breathing and sonoro-sibilant rhonchus, and succeeding to a stage of dryness, expectoration, first of mucus, and then of muco-purulent matter; the symptoms and physical signs abating after a few days' care, and nothing but a tendency to the recurrence of the complaint being left behind. We know that here the disease has affected the larger bronchia, extending, perhaps, to those of the third and fourth rank; and that the change in them has consisted of engorgement and swelling of the mucous membrane, with a large amount of altered secretion. Exactly this clinical course marks the first kind of bronchitis of which I have to speak as occurring in children; but with them this degree of severity of the disease is reached when quite large divisions of the air-tubes are involved. Such moderate symptoms, so ready a tendency to rapid and complete resolution, do not characterise bronchitis in children when it has advanced to the third and fourth divisions of the air-passages. And for the much greater severity of bronchitis in the child than in the adult, when the same rank of bronchus is affected, there are obvious mechanical reasons. To reduce the calibre of an adult tube of a quarter of an inch or more in diameter by the thickening of its lining membrane, and by the addition of a layer of tough mucus to its inside, is not necessarily to interfere seriously with its function as an air-passage; but the same absolute reduction of calibre affecting the infantile tube of half or less than half that diameter, is nearly to occlude it altogether. In this and other not difficult mechanical considerations, we have, in fact, the key to most that at first sight appears exceptional in the catarrhal diseases of childhood.

Even slight degrees of infantile bronchitis are apt to be accompanied by much pyrexia, not seldom by raucous cough, and occasionally by convulsions. But when the smaller bronchia are affected the course of the disease often resembles that rarer and very fatal form in the adult that we know as suffocative bronchitis, the symptoms of which are largely due to imperfect aëration of the blood. I need scarcely describe the state to which a healthy man is speedily reduced by this disease; his livid face and his cold sweating skin; his incessant cough; the fashion in which he sits up in bed, laboriously giving his sole attention, every moment of the day and night, to the one business of respiration, not daring to interrupt his efforts even for sleep. We know that this condition indicates with him that quite capillary bronchia are involved over a considerable tract of lung. But in children it does not need that the ultimate ramifications of the bronchia should be affected to produce this severe general disease. With them, for the reason I have adverted to, inflammation of tubes scarcely below the middle rank will suffice to give this kind of symptoms, and accordingly bronchitis of more or less suffocative type is a much more common disease in small children than at higher ages. What with an adult is uncommon is with infants a very frequent course: a child who only yesterday was in perfect health is found with great dyspnœa, breathing sixty or even more times in the minute, with pale, anxious countenance, flapping nares, and a restlessness that comes of the attempt to force a new and again a new set of muscles into the service of inspiration. Though expectoration is seldom to be had for our inspection, we see that the cough is at first dry, and afterwards gets looser, with more copious secretion. Auscultating, we hear a quantity of rattling and wheezing sounds, with muco-crepitant rhonchi; the one belonging to the affection of the smaller, the other to that of the larger bronchi. Percussion shall give negative results, or show a diffused increase of resonance. As the disease goes on to an unfavourable end, the paleness of the face is replaced by blueness, and the child sweats profusely. Along with or instead of convulsions comes on a somnolent state, and the patient dies asphyxiated. Then we find the bronchia choked, their swollen mucous membrane and puriform contents giving yellowish spots on section of the lung; and they may, if the course of the disease have not been the most rapid, be found much dilated, forming little cavities, filled with mucus, pus-cells, and ciliated epithelium. Habitually, the air-cells of the apex and edges of the upper lobes have an increased volume, and almost certainly, also, we have a beginning of the stage of collapse, to which we have next to refer.

The form of bronchitis with collapse is most markedly seen in children who are rickety, and when the lung disease occurs in the course of whooping-cough. The collapsed lobules, looking like particles of fœtal lung, sharply marked off from others that contain air or are even emphysematous, are principally found at the extreme base and at the lower margin of the upper lobes, lie on a lower level than the general surface of the lung, and can usually be readily recognised for what they are by the effect of inflation in restoring them wholly to the normal aspect. The symptoms to which this form of bronchitis gives rise, and the post-mortem appearances in a fully developed case, may be illustrated by the story of a child of two years old, in whom the disease supervened upon pertussis of three or four weeks' duration. Besides loss of flesh and prostration, the most prominent symptoms were the extreme lividity of the child and its rapid respiration. These had existed for some days before the child came under observation. Notable dulness of the right base up to the scapula was soon detected, and the sibilant rhonchi that existed elsewhere in the chest were accompanied at this spot by bronchial breathing; round the left side there was a similar dulness, giving the appearance of an increase in the heart's area. The skin was pale, the lips blue; the muscles of the neck and nares were in strong action, and there was much restlessness. The child refused food, had a good deal of fever, a pulse of 160, and respirations of 60. An emetic gave relief for a time to certain of these symptoms; it brought away much tough muco-purulent matter, and the rhonchi and blueness were somewhat reduced. The restlessness also was less, but the quietude that succeeded it was that of brain oppression, and the pulse and respiration remained much as before. Two days later, the severer symptoms having returned, the emetic was repeated, with little effect, and the patient died after a severe paroxysm of cough. At the post-mortem examination, the larger bronchi were found almost natural; the smaller, particularly in the right lung, had their mucous membrane red and swollen. Over the parts where dulness had been established during life there was found considerable collapse of lobules, the right lower lobe being almost solid; and in the bluish depressed spots of collapse were observed numerous small yellow points, evidently resulting from the passage of the bronchial contents into the pulmonary alveoli. Other lobules, particularly about the apices, were emphysematous. There was a little fibrinous exudation in the pleura.

The mechanism by which this collapse is brought about appears to be this:—A small bronchus gets its calibre reduced

by the swelling of its mucous membrane and the exudation of secretion into it. The action of inspiration allows of no air passing through the obstructed tube, but drives the plug of mucus further and further towards the air-cells. Expiratory efforts, on the other hand, especially those of paroxysmal cough, partly because they are stronger, partly because they act from the smaller end of the tapering tube, do allow the escape of some of the air included in the pulmonary vesicles behind the affected bronchus, and thus the lobule by degrees gets empty. Then, instead of air, muco-purulent matter may be sucked into the empty alveoli, in the way that appears to have occurred in the case just quoted. But even in this stage inflation of the lung may prove that the solidification is due simply to the removal of the contained air of the lobule, and not to its infiltration with any inflammatory deposit. The disease may not have got beyond collapse, and yet the amount of local and of general symptoms may be, as in the case recorded, such as would readily suggest pneumonic consolidation.

Collapse, brought about in this manner by the thickening and plugging of the bronchia, may affect separate lobules, or a congeries of lobules, according as several small tubes are separately affected or a single larger one gets impervious. In the diffused form of collapse the dulness on percussion is of course slighter than when many contiguous lobuli get solidified, and bronchial respiration and bronchophony are also less marked. It is collapse due to plugging of a bronchus of some size that comes to give the closest resemblance to pneumonia, and it may even give physical signs difficult of distinction from those of lobar pneumonia. A further difference in the collapse of different cases is in regard of its duration: too seldom does it clear up speedily and altogether; in other cases it remains with almost unchanged characters for several days, and the chronic state may end in death without further anatomical change. But more usually other processes are set up in the collapsed lobules, giving rise to lobular pneumonia and its results.

I take lobular pneumonia with bronchitis, as it is to all intents a direct development thereof; and however much it may sometimes resemble true lobular pneumonia in its symptoms and physical signs, it is essentially a distinct pathological condition, runs a different clinical course, and has altogether a different significance. Lobular pneumonia is always a secondary disease, either to those specific disorders which are accompanied by bronchitis almost as one of their elements (in which rank measles and whooping-cough stand obviously first), or to bronchitis of a primary kind. So far as careful post-mortem observation permits a generalisation to be made, the course of the disease is invariably through the occurrence of collapse. We have seen the transition beginning in the case of whooping-cough which I have noticed. After a lobule has become emptied of air, and after more or less of the bronchial contents have been forced by inspiratory action into the alveoli, the lobule itself passes into a state of active congestion and then of hepatisation, and by degrees the test of inflation gives only a partial result, and eventually no air can be forced into the lobule. Then it is found, not depressed below the general level, but of increased volume; not bluish-red, like fœtal lung, but in the earlier stages brighter red, and distinctly hyperæmic, and afterwards of a dull brownish red; not tough with scanty fluid on section, but softened and exuding bloody serum; and in the same lung, at a middle period of the disease, intermediate stages between the two conditions are found. The microscope shows in the earlier periods of this consolidation the parenchyma of the lung unchanged, but the alveoli stuffed with cells, and their epithelium occasionally undergoing some fatty change. The next anatomical change is the coalescence of these collapsed and inflamed lobules into larger masses, which frequently give rise to consolidation of large portions of the lung, especially of the posterior surface. In these, nextly, a softening change goes on, and the centre of the lobule loses the dull brown colour of the rest, and becomes grey and diffluent, the liquid part having all the characters of pus. Or another process may be set up in the occluded lobule, and a cheesy matter be formed, which to the microscope presents various fatty elements and nuclei. This occurs at a later stage of the disease in unhealthy children, in whom, however, miliary tubercle need not exist.

Let us now take up the manifestations during life of these various pathological conditions. I have already narrated a case where the transition from collapse into lobular pneumonia was actually present at the time of the child's death, and it will surprise no one that the exact point where inflammation begins is not to be recognised, and that there are many cases where we cannot affirm that there is more than collapse, although some of the symptoms may be present which I am about to describe as usually indicating the development into lobular pneumonia. The first class of evidences concerning this change consists of indications of increased instead of diminished volume of the lung. With a lung extensively collapsed, in spite of the occurrence of some acute emphysema, the thorax sinks considerably inwards, so that the abdominal viscera are pushed up, or, if the patient be rickety, the sides get greatly flattened, and a constriction is formed round the chest above the liver. On the supervention of lobular pneumonia, it is said that these evidences of lessened volume of the thoracic cavity get less marked. In the second place, the occurrence of inflammatory infiltration of the lobules may be presumed from extension of the dulness, of the bronchial respiration, and of the mucous râles, and by the increased intensity of vocal fremitus and bronchophony (upon which Ziemssen lays chief stress if an increase in it can be established) over the affected parts; and along with this physical evidence, increase of fever, particularly towards night. And generally there is a probability that collapse, after it has been established for two or three days, passes on to the subsequent inflammatory stages. In certain cases, particularly where larger bronchia and some tract of lung are affected, the occurrence of notable *fluctuations* of the physical signs is indicative rather of collapse than of inflammatory consolidation; such fluctuations consisting chiefly in altered site and amount of dulness, with change also in the bronchial respiration and rhonchus. The subsequent stages of lobular pneumonia—viz., the softening of the affected lobules, or the formation in them of a cheesy matter, which may either disintegrate or get hardened, have the greatest interest in reference to tubercle.

(To be concluded.)

An Introductory Lecture ON CLINICAL SURGERY.

Delivered at St. Bartholomew's Hospital.

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CLINICAL Medicine and Surgery mean actual practice—work at the bedside—the investigation and management of disease and injury.

For the study, therefore, you must gather up all the treasures of your knowledge, you must hold in readiness for active operation all the forces of your mind; for clinical medicine and clinical surgery are not merely two of the many subjects which must engage the attention of every student. They do not stand in the same relation to the different branches of your studies as these do to each other, but they form the fruit which these have to bear. They are those to which all the others tend, towards which they should be trained. You have studied them in order that you may be qualified to enter upon these which will be the work of your life.

If I speak here of clinical medicine and clinical surgery as two distinct subjects, it is only to avoid apparent confusion. For in truth, as everyone knows, they are not distinct, but only convenient though ill-defined divisions of one and the same great subject. It is not possible to study one without learning the other also.

But does it not appear to you strange and inconsistent that I should invite you hither to talk about clinical surgery in the lecture-room? There can be but one place for this, you will say, and when we leave the wards we give up clinical surgery. Well, strictly speaking, it is so; and if students and teachers were the only persons to be considered in this matter, I should perhaps try to tell you all I may have to say while actually at the bedside with the living illustration before us. But then, gentlemen, we dare not do this for the sake of our patients. You will, I am sure, at once understand that it would not be fair to them to dilate at length upon every detail of their afflictions within hearing. It would be cruel and mischievous. Therefore we come hither—a few yards away—out of their sight and hearing, and talk at length more conveniently over

their cases. These lectures then will be in their spirit, if not in the letter, strictly clinical. What I can venture to say in the wards I will say there. What I wish to say and cannot tell you there I will try to say here. There I shall endeavour rather to point out to you what to observe and note, that we may discuss such points at greater length and more profitably here.

Two courses are open to the student of clinical medicine and surgery.

He may begin to study disease at the bedside from the very outset of his professional education. He may begin to work at once in the wards of an hospital, endeavouring there to learn what he can without any previous training or teaching; thus carrying on from the commencement clinical work along with anatomy, chemistry, and physiology, and that kind of knowledge of medicine and surgery which he can obtain from books.

Or, having first prepared himself by the study of anatomy, chemistry, and physiology, and gained a general idea of disease from books, he comes to clinical work in a measure trained and certainly better qualified to observe and learn. For in this way he works up to the great subject of his studies. Just as by previous general education he has been better qualified to enter upon his scientific pursuits, so the previous study of anatomy, chemistry, and physiology has, in the best possible way, trained and educated him for investigating the difficult problems of pathology—for observing and interpreting the phenomena of disease—in short, for making out what is the matter with the sick man and ministering more skilfully to his relief or cure.

Now, although I must not conceal from you that the first course is the one which has been advised by some of those who are most competent to guide others—and this, I believe, mainly on the ground that your time is short and your art long, and that the more one can see of disease and injury during the period of hospital study the better,—yet I venture to recommend strongly the other course to the student, and on this ground—that by this means you will, in the end, make the most of your time. According to my experience, time is rather wasted than saved by the other method. Until one is educated to observe he must in great measure fail to make use of the opportunities which are presented to him. But it may be urged, why not carry on both kinds of work together? Perhaps this would be the wisest course if our faculties were boundless. But our capacity of learning is limited, and by attempting too much at once we may fail to learn well anything. The advice I venture to give to a student commencing his studies is this: Begin by laying a sure foundation of scientific knowledge—grasp at least the more important facts and chief principles of anatomy, chemistry, and physiology, and get a general idea of disease from books, and then go to work at the bedside. My opinion is—and I hope I am entitled to express it—that one or two years' previous work in the schools will enable you to learn more from two or three years' work in the wards than you would learn from the whole time spent in the wards, if you neglected, as then you must do—unless you are a very extraordinary mortal—the study of those sciences upon which medicine and surgery are founded. If there be any truth in the maxim,

"Naturæ non imperatur, nisi parendo"—

and it is intensely true,—why then you must learn to understand the laws which it will be your business to obey.

Now I do not mean to imply, by these remarks, that a student should absolutely exclude himself from the wards during the first year or two of his hospital studies. On the contrary, by going round—as it is called—he may acquire much useful information without intruding on his other work, information which will save him much time and facilitate his work in future. But let him devote himself to school work at first, as the best means to the end in view, as the best—I venture to say the only efficient—preparation for the work to which his future life must be devoted.

And let me add that every additional year you spend in the hospital wards beyond the usual time, which is without doubt much too short, ridiculously inadequate, will be amply repaid to you hereafter, with an interest beyond your calculation now. Make any reasonable sacrifice to extend the period, say to five years. Depend on it it is an investment of your time that will yield a rich return.

You will no doubt often hear the literature of medicine and surgery spoken of lightly. You will often be told that the descriptions of disease to be found in books are not true to nature. Now, to my mind, this is—so far at least as our standard works are concerned—most unfair and insolent criticism. Of course you will not find everything in books. Of course you will observe many things in actual practice which you will not find set forth with accuracy of every detail in books. But what of this? If medical and surgical literature is to be condemned on this ground, it will assuredly be from a mistaken view of its purpose. You might just as reasonably quarrel with maps or decline the use of charts in the exploration of some country new to you. Do you realise the mountains of Switzerland or the skies of Italy from guide-books? But are they then useless to the traveller? Do you imagine that by any amount of reading you can become a physician or surgeon? Will you then listen to those who tell you not to regard books, but to observe for yourselves?

Books of course—I speak only of good ones—vary widely in their character and purpose. Some, such as our manuals and text-books, are simply guides for the very ignorant, like our maps and charts. Others, as our more classical works, are vivid and lifelike—striking pictures of nature. Yet no account of disease could be sufficiently graphic to enable you to realise it without actually seeing it. It can be, after all, however powerfully painted, only a picture. Nothing is easier than to show how the best descriptions of disease fall short of the truth, but such objections remind me of the story told of a critic whose only comment on Leonardo da Vinci's great picture of the Last Supper was that the bottles and cups on the table could not, from their shape, have existed at the period represented.

Gentlemen, make no such unworthy excuses for the neglect of our literature, but choose the best works as faithful guides to your bedside studies. While books and lectures and other men can never teach you what you can learn only there, without such aids you will inevitably lose your way and waste your time.

I believe that the chief difficulty with which the clinical student has to contend in the first instance is to bring to bear, what I must call, his book knowledge to the interpretation of disease at the bedside—to make his reading correspond with his observation. But this is not because he has been misled, but because such observation as he has to make is no mere matter of course. It must be skilful observation, and the art of it has to be acquired. He has to learn how to observe, and then—what is far more difficult—how to interpret. Let him therefore not be disheartened if at first he should appear to be making little or no way in clinical observation. While he is struggling diligently with the difficulty he is assuredly overcoming it.

I must, however, say something more about our classifications of disease.

Classifications and definitions of disease are useful and necessary; but they must be more or less artificial, because there are no abrupt or well-defined lines of demarcation to be found in nature. If we do not allow for this we shall be misled by terms, which are undoubtedly either too exclusive or inclusive.

Take as an instance that very common word, inflammation. When inflammation attacks a part where its characters are obvious all surgeons will agree about the nature of the case. Show an inflamed conjunctiva to every surgeon you meet, and all will call it by the same name, and probably give you similar reasons for the diagnosis. But now ask each one what he understands by the word inflammation, and the chances are that no two answers will be alike. How is this? Because certain striking features which such a case presents are sufficient to enable everyone to recognise the disease, but a definition of inflammation in the abstract involves other and more subtle questions. Nor does the difficulty depend, I think, on our imperfect knowledge of the nature of inflammation. Even in the light of perfect knowledge the difficulty would not disappear, because, doubtless, inflammation is not to be defined from other morbid processes which are akin to it. Thus cases often occur on the border line, which one will call inflammation, while another uses the word congestion, and so on.

Or take the word, cancer. No one hesitates to apply the term to well-marked examples of the scirrhous or medullary forms of the disease, but how often does it occur that a mass is removed about which opposite opinions will be expressed by some, while others will

"Look wise, say nothing—an unerring way
When people nothing have to say."

Because, in truth, while cancer in its well-marked forms is expressive enough, it passes by insensible gradations into other kinds of tumours, so that, give what definition or description

of it you will, you must either include diseases which others, with reason, will object to call cancer, or exclude some which others, with equally good reason, will claim to call malignant.

Once more: what a convenient word is fever. Its employment to be sure is vague enough at times, and necessarily so. Nay, our want of precision is manifest in the very use of the adjective, feverish. And yet the word avails for all practical purposes. For we all agree upon the salient features of the state we call fever, although, watch as we will, we cannot mark precisely the period of its commencement or cessation.

As in natural development, so in morbid structures and actions. Most conveniently and scientifically we divide and classify into groups the various members of the vegetable and animal kingdoms; and such classifications are more or less natural—always necessarily, to some extent, artificial. The boundary lines which we assume to exist are artificial. They have no place in nature. Neither can the relations which the several groups by their very nature hold to each other be represented by lines or on plane surfaces. They do not, as it were, touch each other only at isolated points. Thus it is that the acutest and most accomplished biologists have failed, and must fail, to represent fairly the natural kingdoms by any kind of diagram. So it is with diseases. There is here the same difficulty arising from the same cause, and, moreover, unhappily, less knowledge to grapple with it.

And you know how our knowledge of the relation which different animals hold to each other (a knowledge which has of late years been rapidly extended), and the conviction (which the progress of inquiry ever tends to confirm) that there are no abrupt or unbroken lines of demarcation whatever, have taught us to recognise more thoroughly what we well call unity of plan, and have assisted to unfold what is now known as the hypothesis of evolution of life.

These thoughts do not lose their interest, although they become more vague and obscure, when carried on to the study of pathology. The same order of facts suggests the same inferences: that the almost infinite diversity of diseases is apparent rather than real; that variety in the phenomena they present by no means implies a radical difference in their nature; and that what is special in each case is evolved only out of the general by a gradual change.

As a further illustration of my meaning, take the subject of diseases of the skin—an extreme case, setting forth, it must be confessed, not so much the use as the abuse of classification. Is anyone so far-gone a specialist as to believe that every form of eruption which bears a name is a distinct affection? Is not the confusion in which the whole subject is at present involved inevitably increased by the overturning and trampling under foot of the altogether artificial and unstable systems of classifications which dermatologists have set up?

Or, to return to a previous illustration, look at our classification of tumours. Here attempts at arrangement have been less indiscreet because the subject has been studied from a more comprehensive point of view. This is a fairer instance of the convenience and defects of classification. Take the largest division of tumours, which is so commonly made, into innocent and malignant growths. Is not the practical utility of this, I repeat, well understood by us?—and yet there is not only no natural line of demarcation between the two, but we cannot find a place even for an artificial one. So the difficulty in this direction is but feebly met by the employment of such terms as semi-malignant or cancroid. But does not the contemplation of this fact, that various tumours pass into, or rather, I would say, out of each other by such insensible gradations, suggest a larger view of their pathology? Are not these divers forms more profoundly related than they have hitherto been shown to be? And, furthermore, are the growths to which we are accustomed to apply the term tumour, as separate from all other local formations—as, for example, from the so-called products of inflammation—as they have hitherto been supposed to be?

Perhaps what I have said will suffice to illustrate my meaning. We do not draw merely a negative conclusion from the fact that our classifications are never true to nature—nay, as I have said, one chief argument for the great doctrine of evolution has grown out of it.

Yet, again, I say that such considerations as this should not lead us to underrate in any degree the knowledge of our schools. It is that you may, by estimating it aright, value it the more, that I venture to offer these observations.

Now, still taking only a very general view of clinical surgery, let us look a little more closely at our work.

When we come to the bedside—when we are actually face to face with disease—our aim is to learn the nature of the case before us, the course it will take, the cause which has produced the mischief, and the treatment which will best promote our patient's recovery.

I need not tell you that we may, and usually do, fall far short of this standard; and yet we can almost always, by careful and patient inquiry and attention, make out very much, and render needful assistance.

How, then, shall we proceed to observe and inquire, with the view of learning all we can?

In the first place, whatever the method of inquiry may be, let it be orderly. The order itself is not so important as the fact that there should be order. For example, we may commence either by investigating the present condition of our patient, or by inquiring into his history. When we have become practised, we may vary the order of examination, and often with advantage. But under all circumstances let us pursue one head of our inquiry at a time, avoiding by all means anything like slovenly or desultory investigation. A doctor may disclose more facts about himself than his patient by a loose and pointless method of inquiry.

Sometimes, indeed often, in the first instance, it is well to let the patient tell his tale in his own way, elucidating or supplementing his statement by any question we may care to put afterwards. This often, in the end, saves time, and gives opportunity for making important observations. But observations rather of the patient than of his ailment.

Then labour to learn not only the absolute, but—what is far more difficult—the relative significance and importance of symptoms; to estimate at its real value the bearing of this or that particular point upon the case. In practice, a great thing to learn is, without unfairly neglecting any, to distinguish the salient features of a case. The recognition and interpretation of symptoms are carefully studied; but the last thing learnt is the absolute, still less the relative, value of symptoms. How widely different are opinions on this point amongst those who have formed them. Look, for instance, at the degrees of importance attached by physicians and surgeons respectively to the state of the tongue. An amount of fur upon the tongue which gives rise to much serious reflection on the part of the physician, and qualifies materially his treatment, is often regarded by the surgeon as an insignificant matter, if indeed it is noticed at all, and has no influence whatever upon the measures he adopts. Now here it must be either that oftentimes the surgeon is too careless or the physician too trivial.

Remember, there is always what may be called a perspective in symptoms. If you place all symptoms upon the same level—and everyone has to learn how not to do this,—you will fail to produce a truthful picture of the case in your minds. When you have learnt, so far as you can, what symptoms are in themselves, and what they mean, as it were, absolutely, you have still to master the more difficult problem, what they signify when found in various combinations—how they are thus modified, or their seeming import contradicted.

You will see, I think, how much must depend upon the point of view from which you regard the case, which part you bring into the foreground, and which you keep in the distance, the features you throw into the shade, and those on which you allow the light to fall fully. Strive, then, to acquire the art of interpreting symptoms each by the aid of the others. This is the highest branch of clinical art. It is this which is most wanting in the inexperienced practitioner, and sometimes wanting even in the most experienced. How often are symptoms apparently contradictory, yet of course never really so. Avoid the error of looking at a case from one point of view only. Observe from every side.

Even when we are unable by its symptoms to interpret the nature of a case, they will still often guide us to its most appropriate treatment. Nay, it should be acknowledged that sometimes we may treat a case as successfully without knowing its exact nature—acting then only upon the symptoms revealed to us—as if we were fully informed of every feature of its pathology. But this is always unsatisfactory. A correct diagnosis is, of course, in every way most desirable, and to arrive at this should be always our first great aim; but, nevertheless, it is not invariably essential to its proper management. But then when we thus fail in diagnosis, we can only treat the symptoms that are presented to us. Now, ministering to a symptom, as it is called, has been often condemned in contemptuous language; yet everyone who is at all familiar with practice knows very well that he is not seldom driven to this extremity. And I am sure I need not warn you not to let the consciousness of this alternative relax your endeavours to interpret as literally as you can every case that comes before you. Even when it does not help us to its treatment, it affords

most important aid in other ways. If we are not thereby better enabled to help our patient, we may be thus prevented from unnecessary, even mischievous interference. To know the nature of a case is very often to be able to predict its issue. A correct prognosis is more often dependent than is successful treatment on an accurate diagnosis. Hence the wisest amongst us become the most cautious in forecasting the future of our patients. While then you will never consider it beneath your dignity, when the alternative presses on you, to minister to a symptom, you must not forget that if you would have your practice as little unsatisfactory as possible—if you would as much as lieth in you advance the science and art of surgery, you must strive to the best of your ability to unravel the nature of your cases.

It is not now my purpose to enter into farther detail regarding the symptoms of disease and injury. What can be said about them either in the abstract or in connexion with cases you will find in our standard works. But as a surgeon I should like just to call your attention to that very important division of symptoms into objective and subjective symptoms. You all know what this means? That while certain symptoms are obvious to our senses, are ascertained by sight, hearing, and touch, others come to us only through the description which our patient gives of them. Now I fancy that sometimes the former kind of symptoms absorb the whole attention of the surgeon at the expense of the latter. Subjective symptoms are apt to get thrown into the shade or background in our view of the case. No doubt there is some excuse, very often justification, for this. We are naturally more disposed to rely upon what we can make out ourselves than upon what comes to us through the testimony of another. And the very interest which that other, our patient, takes in every detail of his case is only too apt, as we are well aware, to lead to an exaggerated estimate and description of the particular features of his complaint he is anxious to impress on us. But in allowing for this we must avoid the opposite error. Take pain, for example, as the most common of subjective symptoms. Do we always pay sufficient regard to it? Is it, that of all symptoms this is the one most likely to be exaggerated? Is it, that familiarity with the complaint of it begets in us some indifference to its existence? Is it, that being so common, it ceases to be, to us, significant? Is it not singular that of all symptoms pain should be oftentimes of comparatively so little interest to the surgeon while it so commonly absorbs the whole attention of the patient, and is usually the one which drives him to seek relief? Remember that whether pain, in its various kinds and degrees, help your diagnosis or not, it is always in itself an evil and should be mitigated or removed if possible. Pain alone may kill. It may, alone, by its intensity and endurance, wear out the strongest and most resolute. True, it does not often do this. No doubt pain alone must be very extreme and prolonged to destroy life. But, short of this, it is frequently mischievous. How often, directly by its depressing effect, and indirectly by preventing appetite and opposing sleep, does it exhaust or destroy the health, sparing life, but making it miserable. "I am worn out with pain" is sometimes hyperbole, but not seldom literal truth. Therefore if pain does not help you in diagnosis, remember that it will often frustrate what would be otherwise successful treatment. Subdue it then if practicable. We have many means at our disposal; more and better ones now than ever, both general and local. It is well always to make it a rule before you leave your patient, after you have put in force, or given directions for the employment of, every means which you believe will conduce to a successful issue, to ask yourself this question, Can anything be done beyond these means to remove or mitigate present pain? Some of these, many of them, can be tried even when their operation for good will be very doubtful, for they are harmless, and depend on it most patients will be grateful even for the attempt.

(To be concluded.)

YORK MEDICO-ETHICAL ASSOCIATION. — At the Annual Meeting, held on January 31st, the following were elected officers for 1868-69:—President: W. Procter, Esq. Committee: Mr. Anderson, Dr. Gibson, Mr. E. Allen, Dr. Shann, Mr. Keyworth, Mr. Paley, Mr. North, Mr. Williams. Secretary and Treasurer, Mr. Ball.

THE list has been published of the candidates for the Cambridge Classical Tripos, the examination for which begins next Monday. There are seventy-two candidates, a considerable portion of whom have already graduated in mathematical honours, six of them as wranglers.

ON THE CASES OF

YELLOW FEVER OCCURRING ON BOARD THE S.S. "NARVA" DURING THE CUBA AND FLORIDA CABLE EXPEDITION.

BY ANDREW DUNLOP, M.D.,
SURGEON TO THE EXPEDITION.

THE following five cases of yellow fever have been selected from amongst those which occurred on board the *Narva*, as they exemplify the different forms which the disease assumed.

J. W. W——, aged forty-two, a negro, cable hand, came under treatment for slight febricula in the end of July, during the passage out, and had an attack of diarrhœa in the beginning of August, while the Cuba cable was being laid.

On August 23rd he was seized with vertigo, headache, and sickness. The attack was so sudden and severe that he fell down, and narrowly escaped being precipitated into the hold. I saw him a few minutes afterwards, and found him in the following condition:—Severe headache; vertigo, pain in the loins and limbs; pulse 112; skin hot and dry; conjunctivæ injected; tongue covered with a white fur; frequent vomiting of viscid mucous matter, containing half-digested food; great pain in the epigastrium, increased on pressure; bowels loose. Ordered a saline mixture, and sinapisms to epigastrium and loins.

Aug. 24th.—Much in the same condition; all nutrients rejected by the stomach.

25th.—Complete defervescence; pulse 64, regular, of fair strength; skin cool; vomiting less frequent, and he can now retain beef-tea and wine given in small quantities; epigastric pain persistent; headache easier; feels very weak.

26th.—Pulse 60, regular, weak; skin cool; no vomiting to-day, but still severe pain in epigastrium; a loose stool at 7 A.M.

27th.—Called to see him at 3 A.M, and found him suffering from severe pain in abdomen, which was exquisitely tender on pressure; pulse feeble, and countenance anxious. Died at 5.30 A.M. Had vomited during the night, but the vomited matter had been thrown overboard by the attendant, so that it was impossible to ascertain its nature.

This was the first case that occurred, and it is curious that a negro should have been the earliest victim of a disease to which they are, as a race, so little liable. He had lived long in England, however, and was, in all probability, so rendered more susceptible to its influence.

J. H——, aged seventeen, cook's mate, attacked Aug. 24th. During the passage out, had frequently suffered from digestive derangements, accompanied with slight feverishness. Had an attack of diarrhœa early in August.

Like the negro, the attack was sudden. When called to him, I found him rolling about on deck, and crying out, "Oh, my head, my head!" Pulse 100, weak; tongue furred; no vomiting; pain, increased by pressure, in epigastrium; bowels regular; skin hot and dry; conjunctivæ injected. Ordered a saline mixture, mustard plaster to epigastrium, and cold applications to head.

Aug. 25th.—Headache better, but intellect slightly obscured; vomited several times during the night; seems weaker. Ordered three ounces of brandy.

26th.—Pulse 108, weaker; sordes on lips and teeth; a band of brown fur down centre of tongue.—Evening: Normal (?) stool this afternoon; pulse 100; urine passed in diminished quantity.

27th.—Pulse 100. During last night had five loose stools, containing a good deal of mucus. Vomited mucous matter twice this morning; nutrients mostly vomited. Ordered champagne and ice.—Evening: Black vomit at 12.30 to-day; stomach very irritable; during the evening had two attacks of epistaxis.

28th.—Pulse 80, weak; skin cool, but dry; two loose stools during the night; slept a good deal, but his mind wandered whenever he awoke; epistaxis at 8 A.M.—Evening: During the day has had five loose stools and black vomit twice. The first three stools exactly resembled the vomit; the last two were slimy, and of a greeniah colour. Passed urine twice. Epistaxis almost constant, and blood oozing from gums. At

1 P.M. sudden prostration set in, his pulse becoming almost imperceptible, and his face assuming the Hippocratic expression. An hour afterwards he had rallied a little, but at 7 P.M. he became very restless, his breathing became sighing and laborious, and at 9 P.M. he died. No yellowness of conjunctivæ, nor of any part of the surface of the body.

W. E——, aged forty, cable hand, of delicate constitution. Suffered greatly from prickly heat, and successive crops of boils after coming into warm latitudes. Had diarrhœa in the beginning of August. On the 25th of August he was suddenly seized with vertigo, headache, and nausea while at work. I saw him at eight P.M., when I found that in addition to these symptoms he was suffering from pain in the epigastrium, loins, and limbs. Pulse 108; slight cough; tongue furred; no vomiting; bowels regular; skin hot and dry; conjunctivæ injected.

Aug. 26th.—Pulse 108. Slight delirium during last night; one loose stool this morning. Evening: Pulse 100; complains of the cough; subcrepitant râles and harsh respiration at right base; percussion normal all over chest; vomited about a pint of brownish liquid this afternoon.

27th.—Conjunctivæ and whole surface of a yellowish tint; anxious expression of countenance; pain at epigastrium still severe; frequent copious vomiting of dark-brown liquid; cough has increased, and is now accompanied by brick-dust coloured expectoration; intellect clouded; pulse 116; violent throbbing of carotids; gradually got worse, the respiration becoming more and more laborious, until death occurred at 11.20 A.M.

This case was treated in much the same way as were the other two.

J. W——, aged forty (?), second mate. Suffered from headache for about ten days previous to the attack. On the evening of the 12th September he had a rigor, followed by increase of headache, vertigo, and frequent and copious vomiting. I saw him shortly afterwards, and found his pulse 112, his skin hot and dry, his conjunctiva injected, his countenance anxious, and his tongue covered with a white fur; there was pain in the epigastrium, increased on pressure; the vomiting was frequent; his bowels were constipated. There was rather severe pain in the loins, and a general feeling of soreness in the limbs. Ordered two compound rhubarb pills immediately, and a saline draught every four hours; the whole body to be sponged with tepid water; sinapisms to epigastrium and loins.

Sept. 13th.—Easier. Vomiting ceased; pain in the loins gone. Less pain in the epigastrium, but the stomach still irritable. Bowels still inactive. Pulse 100; skin cooler. Repeat pill. Sherry, six ounces.

14th.—Bowels acted thrice to-day. Dark-brown fur down centre of tongue. Pulse 92, weak.

16th.—Very weak. Frequent mucous stools, accompanied by tenesmus. Can now retain most of the beef-tea and stimulants given him. Epigastric pain almost entirely gone.

18th.—Epigastric pain gone. Appetite improving. Bowels regular. During yesterday and to-day there has been slight bleeding from the gums. Sat up for ten minutes to-day.

20th.—Improving, but still very weak. Bowels rather confined. Sits up for a quarter of an hour, morning and afternoon.

30th.—Discharged fit for duty.

Fortunately for himself, Mr. W—— was the most manageable patient we had; he was entirely free from that peculiar restlessness which was common to all the others.

P. C——, aged twenty-one, electrical engineer. Attacked on the 16th of September. Suffered from dyspepsia for about ten days before the attack. On Sept. 13th he went ashore at Havanna for about an hour, and returned to the ship at about 5 P.M., getting thoroughly wet on the way off. On coming aboard he complained of feeling sick, but took a good dinner afterwards. The following day he was ashore from 9 A.M. till 4 P.M., walking about nearly the whole of the time. In the evening he complained of severe headache, which passed off after a good night's rest. On the 15th he made no complaint. But on the morning of the 16th he had a rigor; and when I saw him at 6 A.M. his pulse was 100, his skin was hot and dry, and his tongue was thickly covered with a yellowish-white fur. There was no headache. He had nausea, but no vomiting, nor was there any epigastric pain or tenderness. Bowels constipated, pain in the loins, and aching pains in the limbs. Ordered two compound rhubarb pills immediately, an effervescing saline mixture, and tepid sponging.

Sept. 17th.—The pills acted twice. Perspired a good deal during the latter part of yesterday. Great disgust at all sorts of food, the smallest quantity causing nausea. Complained of pains in the loins this morning. A sinapism was applied, which was followed by relief. Passes his urine in large amount. It is of a smoky colour, and has a strong peculiar odour. Other symptoms unaltered. To have three ounces of brandy.

18th.—Complete defervescence. Skin cool, but dry; pulse 60, irregular and intermittent; tongue and lips covered with aphthæ. He vomited once this morning after taking some tea. Frequent scanty mucous stools, accompanied with tenesmus. Occasional sighing respiration. Champagne was ordered, but he could not take it; it was "too sweet." To have four grains of sulphate of quinine every four hours.

19th.—Pulse 76, intermittent. Very restless. Other symptoms unaltered.

20th.—Slight delirium during last night. Great restlessness, constantly getting out of bed if not watched. Intellect obscured. Pulse 76, regular but weak.—At 9 P.M. he complained of severe pain in the epigastrium, and an hour afterwards vomited about two pints of dark-brown liquid. Slight epistaxis during the day. Bowels confined; urine scanty.

21st.—Delirious during last night; urine suppressed; œdema of lower eyelids; pulse 100, thready; skin hot and dry; conjunctivæ and whole surface of a yellow tinge; no vomiting to-day; became delirious towards evening.

22nd.—Black vomit at 2.20 A.M., again at 3 A.M. Died at 3.10.

The *Narva* left Greenhithe on the 27th of June, having on board five engineers connected with the cable, five officers, four engineers, nine seamen, nine firemen, and nineteen cable hands, besides the carpenter, cook, steward, &c., making a total of sixty souls. She arrived at Havanna on the 26th of July, with all on board well; and as the yellow fever was unusually prevalent, she was not taken into harbour, nor was anyone allowed to land; but after taking on board some gentlemen connected with the enterprise, we sailed for Key West, where we arrived early the following morning. At the time of our arrival in the latter place there was, I believe, little fever there; but the cases kept increasing in number, until at last the inhabitants admitted that the disease was more severe this summer than it had been for several years past. We left Key West, and commenced to lay the Cuba cable on the 3rd of August, and it was about this time that sickness first began to appear amongst us, principally in the form of short, but sometimes severe, attacks of febricula. About the middle of the month nearly everyone of the cable hands and one or two of the crew suffered from diarrhœa. On investigation, the cause of the outbreak was found to be twofold—first, the water in the cable tanks, which were immediately beneath and opening into the sleeping place of the cable hands, was found to be foul, and giving off sulphuretted hydrogen; and secondly, the beer served out to these men was becoming sour. Fresh water was pumped into the tanks, grog was served out instead of beer, and the epidemic disappeared. On the 11th of August we returned to Key West, and lay alongside the wharf until the 14th, when we went to sea again. On the 19th we returned once more, and remained until the 21st, when we left to lay the Florida cable. We arrived at Punta Rassa, where our first death occurred on the 24th, and returned to Key West on September 1st. We stayed there until the 12th, when we ran over to Havanna, and took in a hundred tons of coal outside the harbour. We came back on the 15th, and finally sailed for New York on the 17th.

From the 23rd of August until the 23rd of September we had 23 cases of yellow fever; of these, 14 died. 11 cases were sent ashore at Key West to be placed under treatment at the hospital or elsewhere, or were taken ill while ashore; of these, 8 died. 11 cases were treated entirely on board ship; of these, 5 died. Besides these cases of yellow fever, nearly everyone on board suffered from febricula, or some disorder of the digestive system, due to the influence of the climate.

The introduction of the fever amongst us could not be traced to any infectious origin; it evidently arose from our coming under the local or endemic influence of the disease. It was chiefly those who were most called upon to be ashore in the island who suffered, and many of the cases were distinctly traceable to evening or night-work ashore, or day-work on the beach, or in shallow water while laying the shore ends. The greatest mortality was consequently amongst the cable hands and cable engineers. Of the nineteen cable hands fourteen had yellow fever, and ten died. Of the five electrical engineers three were ill (two with yellow fever, and one whose case was doubtful), and two died. Only two of the crew had yellow fever, and one of them died. It is curious that with the exception of the second (ship's) engineer, the disease attacked every one in the steerage—viz., the chief officer, the chief engineer (of the ship), the second mate, and the third and fourth

engineers. The chief engineer was the only one of them who died. It was several times suggested that the cable hands were more susceptible to the disease on account of their being less accustomed to work in tropical climates than the crew. But this could not have been the case, as they had, almost without exception, either been sailors or previously engaged in similar work.

Whether yellow fever is contagious or non-contagious has been much disputed; and although a belief in its *personally* non-contagious nature is gaining ground, the contrary opinion is still widespread.* Certainly, as it appeared aboard the *Narva*, the disease was not contagious. Many on board were most assiduous in their attention to the sick, but in only one instance was this followed by the illness of the attendant, and in this case the man had been ashore for about ten days nursing his sick messmates in hospital; and as he very frequently walked out, especially in the evening, he was fully exposed to the endemic influence of the malady. The same observation has been repeatedly made in epidemics of yellow fever.

The preventive means employed on board were, the administration of two grains of sulphate of quinine with a glass of spirits thrice daily to the whole ship's company, and the use of fumigation and disinfectants.

It had been originally intended to take in coal and cargo at Havanna when the work was finished, and proceed direct to England. This would have involved a detention of at least four or five days in the harbour (a hotbed of fever) at Havanna, and a passage during three-fourths of which we should, in all probability, have experienced warm weather. But the vital importance of reaching a colder climate as speedily as possible became sufficiently obvious some time before we could leave Key West; and accordingly, as soon as the whole cable was laid and the final tests made, we ran over to Havanna and took in a hundred tons of coal outside the harbour; then, returning to Key West for some of our number whom we had left there, we sailed for New York. When we passed out of the Gulf Stream, on the 21st, the thermometer fell about fifteen degrees; and when we reached New York, on the 23rd, the temperature was thirty degrees lower than it was at Key West when we left. The effect of this on the health of the ship was striking. Cases had been occurring daily up to the 17th, when we left; the third engineer was attacked on the 18th; but after this, with the exception of one or two trifling cases of febricula, no illness of any kind took place on board.

The treatment I adopted of course varied according to the nature of the case, but it usually consisted in the administration of salines, nutrients, and stimulants, with the employment of tepid sponging, and the application of sinapisms to epigastrium and loins. In Key West the routine practice is to give a large dose of calomel—from twenty to fifty grains—at the outset, and to follow this up with castor oil. As I was extremely doubtful of the utility of this practice, I was averse to adopt it, and only tried it in one case, in which certainly the result did not encourage me to persevere.

St. Helier's, Jersey, Jan. 1868.

ON THE TREATMENT OF POISONING BY THE COBRA.

BY PETER HOOD, M.D.

BEFORE I venture to enter on the consideration of the cause of death, and *modus operandi* of the poison, occurring from the bite of the cobra di capello, communications on which subject are invited by Dr. Shortt, of India, I will relate a case of a man who was bitten by a cobra some years ago, and whose recovery took place by the adoption of the following treatment: A horse-keeper in the service of the late Dr. Spilsbury, Physician-General of Calcutta, was bitten by a cobra. Dr. Spilsbury at the time was stationed at Jubulpoor, in Central India. The Doctor, on being informed of the accident, instantly ordered his horse to be harnessed and put to his buggy. He directed that the man's hands should be tied to the back of the gig; and when this was done, he mounted it, and drove the horse steadily for a distance of several miles, the man running behind. On arriving at Jubulpoor the man's body was bathed in the most profuse perspiration, and he was almost powerless from excessive fatigue. Dr. Spilsbury then administered repeated doses, at regular intervals, of eau de luce, keeping the man in constant gentle exercise. After a few hours he was out of all danger, and recovered from the bite.

This man's life was doubtless saved by maintaining, by *continuous* and *forced* exercise the action of his heart and lungs, and thus preventing the paralysing influence of the poison upon those organs, and, at the same time, causing his skin to act so profusely as to make it the eliminating channel for discharging the poison from his system.

When a person has been bitten by a cobra, the first action of the poison appears to be on the great nervous centres of the body, the poison being immediately conveyed to them through the blood. This is rapidly shown by its paralysing influence on those organs which are supplied with nervous power from these sources.

The muscular power of the heart, and the muscles of respiration, speedily become paralysed, most probably through the influence of the par vagum and great sympathetic nerves. This muscular paralysis of the heart prevents it from propelling the blood through the lungs, and a rapid stagnation of the blood takes place, not only in the larger vessels of the body, but throughout the entire capillary system, which is seen by the sudden œdema, or swelling, that takes place, more especially in the bitten part.

The breathing quickly becomes slow and laboured, and this failure of the respiration causes the blood to be insufficiently decarbonised, owing to the proper amount of oxygen not being received into the system.

The effect of the poison on the brain keeps pace with these symptoms, for drowsiness followed by coma supervenes, and the patient has all the appearance of one who has taken a large dose of opium. In fact, the history of the symptoms, and the course of the malady, is a striking instance corroborative of Dr. Bence Jones's theory of disease,—namely, that of a chemical agent or poison producing a mechanical disease. It is in vain, therefore, if I am correct in this pathological view, to seek for any medicine that would act as a specific for the cure of a bite from a cobra; for I doubt not every description of drug has been tried, and found to fail, the poison being far too rapidly absorbed into the system to admit of a hope of finding an antidote for it.

This objection, however, I venture to think, does not deprive us of using *mechanical* means to overcome the consequences produced by the poison; and I am of opinion that it is only by use of such means that successful treatment can be looked for. So long as we can maintain the action of the heart and lungs, the patient *cannot die*. It is on this principle that the natives of India act to this day, for they are thoroughly aware of the vast importance of keeping a person who has been bitten by a cobra in constant motion, and even enforce the practice of it by beating the patient with sticks, similar, indeed, to our own treatment of a patient who is narcotised.

An Indian officer recently informed me that he has seen numerous cases of persons who had been bitten by cobras—most of them died, but those who were saved were so by the adoption at the *earliest possible period* of enforced violent muscular exercise, and repeated doses of eau de luce.

My object in writing this paper is to give publicity to the sound and practical method pursued by Dr. Spilsbury in the treatment of his horse-keeper, and to suggest that some means be devised—failing a horse and carriage, which is not at all times to be procured—*to keep the man in exercise independent of his will*, or the enforcement of it by others, which can only be done effectually by the invention of some mechanical contrivance on the same principle as our treadmill, or, more simple still, an adaptation of one of those machines we see at fairs, called round-abouts.

The value of excessive exercise in warding off the fatal consequences resulting from the bite of a cobra might be tested by an experiment made upon a dog, when Dr. Shortt sends his promised box of these reptiles to this country.

Let a dog be bitten by a cobra and tied instantly behind a carriage; let the driver proceed on his journey until he observes that the dog appears no longer able to run. Then let him administer, every ten or fifteen minutes, from five to ten drops of eau de luce, in some bland fluid, as milk, or soup, and persevere with this treatment so long as it may appear requisite; judging of the effects of the treatment by the condition of the dog's symptoms. If the dog breathes freely, and shows no disposition to stupor, however exhausted he may be from

* *Vide* Wood's Practical Physic, vol. i., p. 330 *et seq.*

his exercise, the symptoms may be considered favourable; but, if he manifests these symptoms, the exercise should be repeated until perfect freedom of the heart and lungs is obtained. The dog, however, may make objection to swallow his medicine, and great care should be observed in drenching him with it, as very slight pressure on the windpipe will destroy a dog. There is danger also in forcing any of the eau de luce into the trachea, which might occasion suffocation. The best way would be to add the minimum dose, five drops, to a sufficient quantity of milk, so as to overcome the pungency of the taste as much as possible, and allow the dog to lap it. Another dog of equal size and weight should be bitten by the cobra at the same time. This animal might, or might not, be subjected to medical treatment; but, as all medicine is, *per se*, declared to be useless, the value of the experiment, by leaving the dog alone, would be increased by the knowledge that drugs were not instrumental in hastening its end.

No deductions derived from experiments performed on animals can be considered as *perfect* in their application to man, from the wide difference existing between them; but some imformation may be elicited that may throw light on this most interesting subject of treatment.

As we cannot test the efficacy of this experiment in this country on man, although it might easily be done in India, when a person is bitten by a cobra, by subjecting him to this mode of treatment, we must rest content by judging as approximately as we can of the effects of it as witnessed on a dog; although this animal is not, perhaps, the best adapted for the experiment, as one important element of elimination—namely, the skin—does not afford relief to the system.

It may be interesting to record a circumstance which occurred eighteen months ago, illustrative of the importance attached to *exercise* for the cure of hydrophobia by a blacksmith who has the reputation of being able to cure this disease.

A gardener of mine in the country had two dogs, which he kept on my premises, one of which, a spaniel bitch, he was extremely fond of. Both these animals were bitten during the night by a mad dog; the spaniel most severely so. When the fact was ascertained in the morning, he was desired to destroy both these dogs. He was most unwilling to comply with this order; but as it was imperative, he was compelled to obey. Before shooting the spaniel he took her up in his arms and kissed her; the dog licked his face. No sooner had she done this than the idea instantly occurred to him that she had given him hydrophobia. His agony of mind soon became intense. He knew of a blacksmith, who lived two miles off, who was believed to be able to cure any one who had been bitten by a mad dog, and he started off with my coachman to consult this man. The blacksmith's advice was given in these words:—"You must start off directly and walk twenty miles as fast as you can; and in the meantime I will make up some medicine for you which you must call for in the evening." My coachman, though not much used to walking, kindly accompanied this man, and they performed the distance, both suffering from extreme fatigue, and copious perspiration. The man diligently complied with all the directions given by the blacksmith, and took his medicine faithfully, which tasted like broom-tea. He never had any symptom of hydrophobia, as he was never bitten, and there was no broken skin on his face through which the poison contained in the dog's saliva could have been absorbed, even had the dog at the time been hydrophobic. This man's mind, however, was so possessed with the idea that he had got hydrophobia, that, notwithstanding Dr. Forbes Winslow's kindness in seeing him and reasoning with him on the groundlessness of his fears, the idea haunted him for months, and it was long before he recovered from the injury inflicted on his health, and regained the equability of his mind.

I record this incident, not because it proves that excessive exercise will cure hydrophobia, which is one of the most distressing maladies the human body is subject to, but for the purpose of drawing attention to the coincident method of treatment adopted by a gentleman like the late Dr. Spilsbury, who possessed high scientific attainments and great professional skill, and that of an unlettered blacksmith, both of whom relied upon excessive muscular exertion as the chief means of cure,—the one for the bite of the cobra and the other for the bite of a mad dog.

The blacksmith's skill in his immediate neighbourhood is firmly relied upon. There may be some truth in his power to cure hydrophobia, but I am unable to bear testimony to it; and as the subject is one of extreme interest, I will make inquiries on the first opportunity, and learn, if I can, how much of trust attaches to what it is *said* he is able to accomplish.

It is true that the pathological condition of a patient suffering from hydrophobia differs very materially from one labouring under the bite of a cobra; but it would seem, if there is any truth in the following incidents which I will relate, that violent and profuse action of the skin appears to be the most rational method to adopt for the cure of this disease, all internal and external remedies having as yet been found powerless.

Captain Maxwell, in his "Wild Sports of the West," says that it was formerly the custom among the Irish peasantry, when any one of them was bitten by a mad dog, and showed symptoms of hydrophobia, to place him between two feather-beds and suffocate him. He relates an instance of a man who was left for dead after undergoing this treatment, but who, to the surprise and horror of all who witnessed it, was seen to crawl from the beds relieved from his disease. It was found that the beds were saturated with the perspiration that had escaped from the man's body during the intensity of his mortal agony.

An instance of more recent date was recorded of a French physician who was bitten by a mad dog, and who determined to commit suicide rather than undergo the agonies consequent on hydrophobia. He selected the hot bath as the means for ending his life, having resolved to increase the temperature of the water gradually, so as first of all to induce syncope, which he hoped would be succeeded by death. To his surprise, however, he found that as the temperature of the water was increased, his sensations of distress improved, and instead of ending his life in the hot bath, it proved the cause of restoring him to health.

It would be most desirable to ascertain what influence the Turkish bath would have in curing hydrophobia, and it should be made the subject of trial.

For a great number of years eau de luce has been esteemed in India as the most potent and valuable remedy in the treatment of the bites of snakes, more particularly in that of the cobra; and there can be no doubt that, next to alcohol, it is one of the most readily diffusible of our stimulants, and it maintains its reputation there to this day. There is one house in particular in London that has the credit of preparing this medicine superior to all others.

However valuable eau de luce may occasionally appear to be in conjunction with the far more important remedy—namely, muscular stimulation—in assisting in the cure of a person bitten by a cobra, much of its efficacy must depend upon the instantaneous administration of it; so that it may *at once* prove the means of sustaining the action of the heart and lungs, and preventing, by its powerfully stimulating property, the deadly sedative influence of the poison from paralysing these organs.

The same rapidity of administration applies to alcohol, for this remedy, to be of value, should be drunk in large quantities instantly.

In America, where the rattlesnake was formerly very common, it was the custom, when a person was bitten by one of them, instantly to take a large draught of neat spirits, as much as a pint of whisky being swallowed at a time. The quantity under such circumstances that has been drunk would, if ascertained, appear incredible; but all medical men are familiar with the fact that, in some cases of intense nervous depression and nervous exhaustion, spirits may almost be said to be capable of being "drunk like water."

In making these few observations I have striven to be as concise as possible, and contented myself with simply suggesting what I venture to think may be the true mode of action of the poison of the cobra upon the body, and the remedy that is most likely to counteract it. No person, however, can be blind to the fact that, for this mode of treatment, or, indeed, any other, to be attended with success, it must be promptly applied. The treatment required for the prevention of death from poisoning by opium presents the strongest analogy to that to be pursued for the prevention of death from the bite of the cobra di capello.

Lower Seymour-street, Portman-square, Feb. 1868.

Liverpool Medical Institution.—The following officers were appointed at the last annual meeting:—President: Dr. Macnaught. Vice-Presidents: Dr. J. Cameron, Dr. Geo. Mr. Wm. McCheane, Dr. A. T. H. Waters. Treasurer: Mr. A. B. Steele. General Secretary: Dr. Oxley. Secretary of the Ordinary Meetings: Dr. F. T. Roberts. Other Members of Council: Mr. Lowndes, Mr. Higginson, Dr. Nevins, Dr. Whittle, Mr. Townson, Mr. Harrison, Mr. Bickerton, Mr. C. B. Wilson, Dr. Skinner, Dr. Rawdon, Dr. Desmond, Mr. Hamilton.

ON CHRONIC ALBUMINURIA, AND ITS FERRO-ALBUMINOUS TREATMENT.

BY DAVID NELSON, M.D. EDIN.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE QUEEN'S COLLEGE; FORMERLY PROFESSOR OF CLINICAL MEDICINE, AND PHYSICIAN TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

(*Concluded from page 156.*)

I SHALL now recite a few cases, differing in kind and degree as regards other features, but all characterised by albuminuria of more or less long standing, and the absence of any marked febrile or inflammatory symptoms.

CASE 1.—Miss S. R——, of Birmingham, aged twenty-eight, was first seen on August 5th, 1861. She had cough and pain in the loins. The menses had been gradually diminishing in quantity and colour, and had almost disappeared for two or three months. Micturition was frequent but scanty, and her legs were swelled; face pale and puffy. On examination, the urine, on settling after boiling, was about one-eighth albumen. She was also afflicted with indigestion, there being habitual flatulence, acidity, and sense of weight after food. She was ordered pills of aloes and assafœtida, a mixture of peptic liquor with soda and ipecacuanha, and an anodyne liniment for the loins.

On the 14th she was easier in the stomach, but was puffy, and complained of debility. She continued the aperient and the digestive, and had quinine and steel three times a day with meals, including at least two eggs a day.

On the 19th, some sense of weight at the uterus being felt, she was ordered steel and ergot. This was followed by a discharge of menstrual fluid, which was, however, scanty and pale.

On Sept. 2nd she felt better, and looked better, though still pale; urine much the same, but micturition not so frequent.

On the 9th she felt much better and stronger, having continued the pepsine, the quinine and steel, and extra allowances of pure albumen. The puffiness of the legs had much diminished, and the albumen in the urine was about one-tenth.

On the 22nd she felt weak and looked pale, and by the 30th complained of pains all over the body, apparently of a rheumatic character. Colchicum and opium were added to her mixture.

On Oct. 7th the pains had gone, but cough had returned. She had ipecacuanha and morphia in her peptic mixture, and went on with the quinine, steel, and albumen.

14th.—She was much better in every respect; her colour had improved; she was equal to good exertion; there was no swelling of the legs, and the albumen in the urine was only nominal—a slight flake at the bottom of the glass. She now went into the country, going on with the tonic treatment.

28th.—There was no anasarca of legs and no albumen. The menses had reappeared, of full quantity and good colour, lasting four days. She said she felt quite well and like herself again.

CASE 2.—Mrs. E. A——, of Hill-top, was first seen on Feb. 6th, 1862. She was about thirty-six years of age, tall and pale, and complained chiefly of dyspepsia and giddiness, with great debility. The menstrual flux had been scanty and pale for some time before. She was anæmic, and had anasarca of the legs. She was ordered a mixture of peptic liquor, with tincture of steel, and a draught of oil of male fern after some days.

Feb. 13th.—She reported the passage of a tapeworm, and the giddiness was gone. Some urine brought for examination showed one-tenth deposit of albumen. The skin was dry and scurfy. She was ordered quinine and steel, with an alkaline peptic mixture, and glycerine for the skin.

20th.—The swelling of the legs was less, and the albumen had somewhat diminished; the skin was softer and moister, and the colour better; she felt stronger. The remedies were continued.

March 6th.—She said she felt strong and well; she had had a copious, well-coloured discharge of the menses; there was no swelling of the legs, and the albumen was very slight. She continued the tonic treatment, with albuminous diet; and, on seeing her once more, on the 27th of the month, there was no albumen at all; she felt well in every respect, and looked well in colour, but was advised to continue the remedies for a time and leave them off gradually.

CASE 3.—Miss M. S——, near Atherstone, presented herself on October 20th, 1862. She complained of long-standing amenorrhœa and anasarca. She was pale, puffy, and weak; the ankles were ten inches in girth, and, while pitting, felt firm and fibrinous. She was ordered quinine and steel, with one-twelfth of a grain of calomel three times a day with food, and a diuretic mixture twice a day, containing nitrate of potassa, as a solvent of fibrin.

On the 27th the legs were softer and lessened in girth; she said she could walk with more ease and elasticity. The albumen in the urine was found to amount to one-half. The calomel and nitrate of potassa were withheld; the quinine and steel were continued, with an alkaline peptic mixture. She was ordered one drachm of nitrous ether twice a day in gin-and-water, and to have an albuminous diet—though she disliked it, whether in the form of eggs or meat, as is common in such cases, there being very frequently a loathing of all animal food.

Nov. 3rd.—The legs were considerably less swollen. She felt decidedly better and looked less anæmic; the albumen was about one-fourth. She continued the treatment, and had glycerine rubbed into her skin, which was dry and scurfy.

10th.—She felt better in every respect, and was told to persevere; the albumen was about one-sixth.

24th.—The legs were free from swelling; she was better in colour, could walk several miles continuously, and had had a good menstrual discharge. The skin was softer, and the albumen one-eighth.

She was seen again in the course of the following month; and as there was no swelling, and the catamenia had returned, and she felt what she called well, and looked better in colour, the visits were discontinued; but the albumen at this period amounted to one-tenth. She was advised to persevere with the carbonate of iron with meals for some time, that form of steel best suiting when it is to be used for a length of time, the muriate being objectionable from its astringent action on the stomach and bowels, as well as on account of its effects on the teeth and palate.

CASE 4.—Mr. W. A——, of Birmingham, was first seen on Aug. 6th, 1863. He was tormented by nausea and frequent vomitings; had anasarca of the legs, with large belly and turgid scrotum. The bowels were costive, and urine very scanty; pulse very slow and feeble; some degree of valvular obstruction. He was pale and pasty, and the eyes were swollen in the morning. The liver was considered as implicated in the mischief, and he was ordered pills of podophyllin, colocynth, and hyoscyamus, with a mixture of bicarbonate of potassa, iodide of potassium, colchicum, and nitrous ether, in a vehicle of tincture of calumba.

On Aug. 13th albumen was detected to the amount of one-fourth. The vomitings had left, and he felt his limbs and body more movable, though little change was apparent in the swellings. He was ordered quinine and steel in addition to the mixture, and to have an albuminous diet, with egg at breakfast and supper.

20th.—The local dropsies had suddenly disappeared, coincident with a plentiful diuresis, and large evacuations of serum from the bowels, due to the podophyllin. The tonic treatment was continued, and he took also an alkaline peptic mixture.

27th.—The albumen had diminished to one-eighth, and he felt in all respects better.

Sept. 3rd.—He complained of anorexia and some return of the sickness, and said the peptic mixture felt heavy and uncomfortable to the stomach—a rare but occasional occurrence. The albumen was about one-tenth. He continued the quinine and steel, and had a mixture of bicarbonate of soda, tincture of calumba, and hydrocyanic acid.

10th.—The albumen was further diminished. He reported himself as altogether better, and said he felt "himself again."

On the 17th the albumen was about one-twentieth, and by the 24th was only about one-thirtieth on settling. To his own mind, however, he conceived himself to be quite cured, and said he would go on with the tonics, and return if he had any further symptoms of illness, meaning thereby the more apparent evidences of vomiting, dropsy, and the like.

CASE 5.—Mrs. E. P——, of Birmingham, first seen on Aug. 31st, 1863, had turgid, pitting belly, swelling of the labia, and anasarca of the legs, the right ankle measuring eleven and the left twelve inches. The uterus was adherent towards the left side of the pelvis. The liver seemed involved, and she was pale and leuco-phlegmatic. She had lost much blood after a

confinement, and the menses were pale and scanty. Albumen about one-third. She was ordered pills of podophyllin, colocynth, and hyoscyamus, and a diuretic mixture of iodide of potassium and nitrous ether, with calumba; also quinine and steel with each meal, and an albuminous diet of meat, eggs, &c.

Sept. 7th.—The right ankle was reduced to ten inches, and the left to eleven. She felt a little stronger, and was not so sleepy. The treatment was continued.

14th.—The right ankle was nine inches, and the left ten, and the albumen was reduced to one-fourth. The labia were natural, and the belly was soft, and had no fluctuation or pitting.

21st.—The right ankle was quite natural, while the left was also much reduced, but still puffy, and pitting slightly. The other swellings had gone, and she had improved in colour and strength.

Towards the end of the month she felt herself quite well enough to go through all her household duties with ease. She considered herself better than she had been for a very long time, though the albumen was still about one-sixth or one-eighth of deposit, for the tube was of unequal calibre. She was to persevere with the tonics, and return if she became worse. As usual, she viewed the dropsy as the disease.

CASE 6.—Mr. T. B——, of Birmingham, was first seen on Oct. 26th, 1863. He had severe cough and dyspnœa, with profuse pulmonary mucus. His face was blue. There was violent commotion of the heart, with great valvular obstruction. The anasarca was extreme and universal. He was drowsy and stupid, though in constant uneasiness, and so could not sleep. He was ordered quinine and steel, with an expectorant and diuretic mixture, with gentian, and full doses of aromatic ammonia.

Nov. 2nd.—The albumen was found to be extreme in quantity, the urine boiling into one solid mass.

On the 9th he was still very ill, and all along up to the 23rd, when he said he felt generally easier. The heart was not then so tumultuous, but he continued blue. The swellings were the same, and the whole urine albuminous.

By the end of the month he was again worse, and felt exceedingly low. He was ordered three grains of quinine thrice a day, and a strong cordial draught of cardamoms and ammonia when required. In this manner he struggled through December, 1863, and also on to the end of February, 1864, when he died under an attack of violent vomiting and purging. There was no abatement throughout either of the swellings or the amount of albumen. No examination of the body was obtained; but there could be no doubt as to the existence of valvular disease, congestion of the lungs, and utter degeneration of the kidneys.

CASE 7.—Mr. T. W——, of Birmingham, a friend of one of the patients already spoken of, was first seen on June 9th, 1864, complaining of extensive anasarca in the integuments of the abdomen, and in the scrotum and legs. He felt excessively weak, was very dry in the skin, and had also a cough, with dyspepsia. The urine was about two-thirds albumen. He was put under quinine and steel; had a peptic mixture, with ipecacuanha and morphia, and had glycerine for the skin. Albuminous diet was enjoined.

June 16th.—The swellings were still very considerable, and the albumen about the same. He was further ordered pills of podophyllin, and colocynth with hyoscyamus.

On June 23rd he stated that the pills had violently griped him, without producing much watery evacuation. He was still swollen, and complained of heavy pains in the loins. A large plaster of opium and belladonna was applied. He continued the tonic, and took, instead of the podophyllin, supertartrate of potassa, with jalap and ginger.

By the 30th there had been plentiful evacuations from the bowels, with a very marked reduction of the swelling, and a diminution of the proportion of albumen to one-half. The drastic purgation was continued, along with the tonic and alterative treatment.

July 14th.—The swellings were entirely gone, and he felt light and easy; but the albumen at this date was still about one-third. He was not, however, seen again. His friend subsequently reported that he left off attendance as his "dropsy had been quite cured," for which he "was very thankful."

CASE 8.—Miss H. R——, of Worcestershire, called on Feb. 13th, 1865, complaining of general debility, and the disappearance of the menses for some months. She had no swellings; her colour was good, and no albumen could be detected in the urine. The case is mentioned here only because it was one of those extreme instances reported in the paper of 1860. She had at that older date been referred to me by my friend, Mr. Moore, F.R.C.S., of Halesowen, suffering from enormous turgidity of the upper part of the body, of the labia, and of both legs. Her pallor was extreme; her skin was dry, and the catamenia had been absent for a long period. The urine boiled almost to one mass of albumen. She then went through the ferro-albuminous treatment for a considerable time, at the end of which her colour was quite restored, the whole of the swellings removed, and the uterine functions put into full activity. It was one of the completest instances of restoration to health that could possibly be shown, so much so, that after some visits, on this last occasion, a strong conviction arose that she was pregnant. This proved to be the fact. She was married some time after to the father of her child, and has had another since then, both these and herself continuing well when I last heard about her.

CASE 9.—Miss A. W——, of Wolverhampton, aged about twenty, was first seen on Nov. 16th, 1865. She had black hair, but was excessively pale and puffy. Her face was swollen in the morning. There was much fulness all round about the loins and abdomen. The labia were very turgid, so were the thighs, and the legs enormously so, though with a certain appearance of symmetry, as the feet were free from the swelling, and, curiously enough, could be put into a very small boot. She had had no menses for a long time, and felt drowsy, weak, and languid. The urine was almost entirely albumen, and the bowels were costive. She was ordered supertartrate of potassa, with jalap and ginger occasionally, and was treated with the quinine and steel. Albuminous diet, and frictions of glycerine.

The same plan was pursued through the remainder of the year 1865, and to the end of January, 1866, with very little result beyond a disappearance of the swellings from the body, labia, and thighs; the legs, up to the knees, being still very œdematous, and pitting deeply. She said she felt easier altogether, and stronger than she had been, but the albumen was still two-thirds.

Through February and March there was a very gradual abatement of the swellings in the legs. On April 9th it was noted that they were much less swollen; and the albumen was a little less. On May 7th the swellings had very much decreased, and she felt easy. On June 14th they had quite disappeared; her colour was not quite so pallid, and she felt stronger; the albumen had diminished, but was still one-half. About this period she had an opportunity of visiting a seaside watering-place, whither she was to proceed, continuing the employment of the quinine and steel &c., but warned against exposure to cold, either in bathing or otherwise. What occurred there I know not; but I saw her death announced in the papers not very long afterwards. We know that any attack of bronchitis, or the like, occurring in the course of this disease, will often carry the patient off very rapidly; coma being apt to supervene, terminating in death, with a very urinous odour from the body.

CASE 10.—Mr. J. W——, near Stourbridge, aged forty, was first seen on March 26th, 1866. He was tall, pale, and puffy, and felt very drowsy. The swellings were very great. His trousers would not meet round his body; the scrotum was turgid; and the thighs, legs, and feet were immensely enlarged, so that he could not wear a boot or shoe, but used large slippers. He could not bend his legs or feet, but walked with a heavy rolling gait. The urine coagulated to one mass. He was ordered supertartrate of potassa, with jalap and ginger, every second morning; steel and quinine three times a day, with meals; and an albuminous diet, with peptic alkaline mixture.

On April 2nd he said he had had profuse discharges from the bowels, and the swellings were rather less. The albumen had diminished a little. On the 9th the swellings were steadily diminishing, as well as the amount of albumen. On the 16th he reported himself much better. His colour had improved, and the swellings and the albumen had still further decreased. On May 7th the swellings had quite gone, and the albumen was only one-fourth.

June 11th.—No swellings had returned. He said he felt well and strong; his colour had been restored; and the albumen had fallen to one-tenth. Like some of the others, he considered himself well cured of his dropsy, and discontinued his visits. He was advised, however, to persevere with the use of the steel at meals, and to attend to his diet as he had done. I have since heard from some of his acquaintance that there has been no return of the dropsy at least.

These cases, I conceive, illustrate the amount of benefit to

be derived from the treatment, according to the degree of degeneration that exists in the kidney; for I do not think that the mere quantity of albumen in the urine is any very exact criterion of the extent of such organic disease.

Colmore-row, Birmingham, 1867.

ON THE

IMPROVEMENTS OF LITHOTOMY RECENTLY PROPOSED BY SIR WILLIAM FERGUSSON, MR. ERICHSEN, AND SIR H. THOMPSON.

BY PROF. BUCHANAN,
UNIVERSITY OF GLASGOW.

I HAVE been well pleased to see the three eminent surgeons named above striving with each other to improve the operation of lithotomy. It shows the time to have gone past when the lateral operation was considered unimprovable. I am still further gratified to observe that all of them assume Dupuytren's bilateral operation as the starting-point of their researches. In so doing they are pursuing the same path which I took, some twenty years ago, with the same object in view; and I do not doubt, if they persevere in it, that they will arrive at results very similar to those which I obtained. This, indeed, they have already, to a certain extent, done. Mr. Erichsen prefers the rectangular staff to any other; and Sir William Fergusson has abandoned the bilateral section of the prostate, cutting it only on one side. This last is surely a wise step. We should never forget that it is the internal incision which endangers the life of the patient: it can never be advisable, therefore, to make two internal incisions if one can suffice. It may be too much to say that by cutting both sides of the prostate we double the risk; but it may at least be said that ample and dearly-bought experience has shown that by cutting both sides we increase the risk in a high degree. The bilateral operation was a most unfortunate one in its results. It was more fatal than the lateral. The distinguished author of it, after all the pains he had taken to render it perfect, was compelled to renounce it on account of the frightful mortality with which it was attended. It would, as appears to me, be an imprudent step to recommend such an operation, unless much modified, to the profession.

As the mere extension of the external incision to the right side of the perineum does not make Sir William Fergusson's operation differ, in any essential respect, from the common lateral, we have ample statistics to guide us in comparing it with the operation which I have recommended; and to that evidence I willingly refer the decision.

Glasgow, Feb. 1868.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

INJURY TO HEAD; SUPPURATION WITHIN AND ABOUT THE INJURED PART OF CRANIUM, EXTENDING TO THE LONGITUDINAL SINUS; MENINGITIS, WITH APHASIA; PYÆMIA, WITH ABSCESS OF LIVER.

(Under the care of Mr. COCK.)

THIS case is in several ways worthy of attention. It is of clinical interest as showing what terrible results may be brought about by what at first appeared to be only trivial injuries to the head. It is of pathological interest as an example of pyæmic suppuration of the liver under conditions which exclude the possibility of conveyance of poisonous clots from the original seat of disease. And it is of physiological interest as an example of aphasia, with disease of the third left frontal convolution.

The following careful report of the case is by Mr. Lucas, dresser. Dr. Moxon, pathological registrar, has obliged us with the account of the autopsy made by him, and the highly suggestive remarks which are appended to it.

Peter F——, aged ten, a pale, delicate-looking boy, was brought to the Guy's surgery on the evening of the 27th of December, 1867, suffering from injuries sustained in a fall down several steps at the entrance of the Victoria Theatre. The boy, it appears, was seeking admission at a very crowded entrance, when, on account of an increased charge being demanded, a general rush out occurred, in which he was carried off his legs and thrown down the steps upon the pavement below. He pitched upon his head and left shoulder, and was at first stunned; but he soon recovered, and, when brought to Guy's Hospital, was perfectly sensible, quite able to walk, and spoke boldly of his accident. On the left side of his head a large triangular flap of skin and aponeurosis was torn from the bone, which was also to some extent denuded of periosteum. Each side of the flap was about two inches and a half long. No bleeding of importance had occurred. No fracture of the vault could be detected; and there was no bleeding from the ear. Three fine sutures were used to bring the parts into position, as it was found impossible to do so by other means, and a pad of lint bandaged over the wound. There was besides a fracture of the left clavicle. The friends received strict injunctions to bring him to the hospital on the following day; but they neglected to do so until four days after the accident, during which time the dressings remained untouched. When again seen, adhesion was found to have taken place in some parts; but beneath the scalp was a large quantity of pus, and the left ear and left side of the face were much swollen and distorted. He was pale and feverish, had a red tongue, and complained of languor and thirst.

He was immediately taken into the hospital under the care of Mr. Cock. The sutures were removed, the wound was opened up, the pus evacuated, and a poultice applied. During the first week after his admission into the hospital his health improved, and the swelling of his face entirely subsided; but the discharge became most profuse, and his appetite did not improve. A poultice was kept constantly upon the wound, and a bandage applied below to prevent any bagging of pus.

Jan. 9th, 1868.—He does not appear to be gaining strength, and his appetite is no better. The wound discharges profusely. Ordered iron wine, three drachms, twice a day.

15th.—During the last few days his appetite has been worse, and he has suffered from great thirst. This morning he appears to be more feeble, and complains of pain in his head.—2 P.M.: It was noticed that he was trying to speak, but was unable. In the evening the house-surgeon saw him, and found the right side of his face paralysed. The tongue when protruded was turned to the right side. The boy was quite conscious, but unable to speak.

16th.—He passed a restless night. This morning he seems to be quite sensible, but unable to speak. There also appears to be great difficulty in swallowing. The right side of his face falls, and the tongue is most distinctly turned to the same side. In the afternoon Mr. Cooper Forster saw him, and, finding that the pus had bagged slightly over the left mastoid process, ordered an opening to be made into it.—5 P.M.: He rolls about in bed, and cries. When asked if he was in pain, he put his hand upon his throat. Pulse 104; respirations 24. Cries and turns his head away when asked to drink.

17th.—Insensible; face flushed; pulse 88; respirations 32. Groans when touched. Died at 3 P.M.

On inspection, the body was that of a thin, fair-haired, round-featured little boy. The surface of the body showed a faint yellowish cast. Above and behind the left ear was a foul and discoloured wound, from which a discharge had exuded; also the wounds made in the operation. Under the scalp there was suppuration to the extent of several inches around the original wound. Behind the parietal eminence the pericranium was separated from the bone over a space as great as the palm of a hand, and here the bone was greenish-yellow in colour, the outline of this greenish colour being not defined on the outside of the skull, but sharply demarked on the inside, where lymph or semi-consistent pus separated the bone from the dura mater under the part which was greenish; at the edge of this lymph the bone was marked with congested vessels, which came up to the edge and there ceased abruptly, no sign of vascularity being visible about the discoloured por-

tion of the bone, which appeared to be dead and charged with pus. The dura mater at this part was thicker than elsewhere. The quantity of "lymph" that was between it and the bone was not more than two drachms; its removal by the trephine could not have materially relieved any pressure within the cranium. On raising the dura mater, a quantity of semi-puriform lymph was seen on the left side of the brain in the arachnoid space, but none on the right side, where the brain was flattened against the calvaria by pressure or swelling. The lymph on the left side was on the upper and lateral part of the hemisphere. It did not extend to the base of the brain, nor to the hinder aspect of it. At the part covered by it the subarachnoid space contained lymph; and the inflammation extended at three points under the membranes so as to implicate the grey matter of the brain. These points were—(1) the upper part of the transverse frontal convolution, (2) the outer edge of the orbital convolution, and (3) the third frontal convolution, at a point on the outer margin of the fissure of Sylvius, near the lower end of the transverse frontal convolution. The latter point was most severely affected, a part two-thirds of an inch square being in a state of advanced red softening—in fact, broken down. The intense meningeal inflammation reached to the longitudinal sinus; this, in its anterior two-thirds, had its wall thickened; its anterior third contained partially decolorised ante-mortem clot; its middle third contained pus (the evidence of this could not be doubted, the microscope showing it to be composed everywhere of pus-corpuscles crowded closely together; and the idea of these being the white corpuscles of a softened clot was simply out of the question, for all the white corpuscles in the body would not have made up such a number). The posterior third of the longitudinal sinus was free from disease; a very thin film confined the pus in the middle third. For the rest, the brain was unaffected, except that in the right hippocampus minor, just under, and raising, the lining of the ventricle, there was a small patch of diffluent softening, with ecchymotic spots about it—evidently the commencement of a pyæmic abscess. The left posterior cornu was entirely occluded. The contents of the chest were free from disease, except that the lower lobe of the right lung had a hedgenut-sized patch of defined deep congestion, forming a more consistent nodule under the pleura. There was no sign of breaking down about this; indeed, the stage of hepatisation was not reached—it was the first stage of a pyæmic abscess. The heart was contracted firmly. The liver, in the hinder part of its right lobe, had several small abscesses and one larger one; the latter opened into a branch of hepatic vein, and this branch was full of pus for an inch and a half up to its junction with the main right hepatic vein, into which the pus projected, forming a soft pouch-like elevation, contained by a most delicate film of fibrin—an excessively slight partition between pus and blood! The stomach and alimentary canal were lined by a layer of semi-tenacious mucus. Four feet down the jejunum was the head of a tapeworm. The "body" of the worm extended throughout all the rest of the small intestine, and portions were detached and free in the colon. The large head of the creature showed very conspicuously the four black suckers of T. mediocanellata. In the small intestine was also a fine Ascaris lumbricoides. The urinary system was healthy. The repair of the fractured clavicle was progressing naturally.

The condition of the longitudinal sinus is one of great interest and importance. There could be no question in the mind of anyone who looked at the puriform contents of the sinus that these were indeed veritable pus. Indeed, if we take all the pus-like contents of veins to be softened and decolorised blood-clot, we shall make great mistakes. When the blood coagulates in a vein during life, and so thrombus arises, the after-history of that thrombus will depend on circumstances, and chiefly on this circumstance—namely, *the kind of action going on in the part where the thrombus is formed.* If this action is only the depressed nutrition that goes with such stagnant circulation as leads to thrombosis, such, for instance, as in the femoral veins of phthisical, or otherwise bedridden persons, then the clot simply decolorises and softens in the middle, or, perhaps (especially in the pelvic veins) hardens into a rounded cartilaginous body, which calcifies into a phlebolith, or else does neither, but diminishes and becomes adherent to the thickened and contracted vessel; but if a suppurative inflammation is going on in a part, *the clot itself suppurates*—is converted into pus; at least, pus is found in its place in the vein.

What is the relation of this clot to pyæmia is not known. It is probably a very simple relation. It is exceedingly probable, almost certain, that pyæmia arises by the admixture with the current of blood of a venomous matter produced in a suppurating part; but what its relation to the secondary pyæmic abscesses is, is quite another question. It is probable here, on the other hand, that the relation is not a simple or a single relation. Such a case as the one before us shows that mere mechanical conveyance of particles in the blood-stream and lodgment of these in the next capillary system as in a sieve or filter (which is naturally our first notion of the subject), is not *all* the truth. If it were so, the lung, not the liver, would be affected. It may be true, it certainly is true in some cases, but other factors have to aid in the causation. The situation of the abscesses in the liver, in our case, may indicate one of these factors. The position of the abscesses in this case was in the hinder (or, in the supine position of the body, the dependent) part of the organ, and such is with singular constancy the case in pyæmic abscess of the lung. These are nearly always in the lower lobes, the parts subject to stagnation, whereas if conveyance were the sole agent in the infection of the lung the more actively working and circulating upper lobes would be affected more, for they receive more blood.

The special implication of the third left frontal convolution would be doubtless made much of by any who believe that the organ of language resides in that spot. It will not do, however, to lay too great stress on the occurrence in this case; there were several other spots affected, and especially the right hippocampus minor, which Dr. Barlow used to believe to be the organ of speech. It is, however, remarkable, after all that can be said to weaken the force of the case, that such marked aphasia should coincide with such decided and special disease of M. Broca's convolution. We cannot, however, allow that the organ of language is localised in that part. Aphasia is too frequent an associate of ordinary right hemiplegia to be due to disease in the third left frontal convolution, since that part is very rarely found diseased in hemiplegia.

The occurrence of two forms of parasite in the boy's body is interesting.

CHARING-CROSS HOSPITAL.

SKIN CLINIQUE: EXTENSIVE CHLOASMA RAPIDLY DEVELOPED.

(Under the care of Dr. TILBURY FOX.)

A YOUNG MAN, about twenty-five years of age, presented himself on the 14th of January, complaining of a rash which he had had nearly six weeks. He stated that he first felt itching about the chest, and after a few days noticed some spots "all over him." On stripping him it was seen that the entire upper part of the chest and back was pretty uniformly stained light brown. The surface felt somewhat harsh and dry on passing the fingers over it, but there was no scaliness. Below the level of the ensiform cartilage the discoloration was somewhat less extensive; but the skin was thickly covered over by circular spots whose circumference was about equal to that of a split pea; they were slightly raised, very well defined, and felt rough to the touch. The discoloration was as it were sprinkled over the whole of the belly, the separate spots being very closely packed together, just sufficiently apart, in fact, to show that they were distinct, and that there had been a *general* development of the little patches nearly simultaneously over the whole of the front of the trunk, and that they had already coalesced in the upper part, and were about to do so elsewhere. On the back the discoloration was perhaps less distinct than in the front. On the arms, from top of deltoid to the bend of the elbow, the discoloration on either side was pretty complete, and below the elbow bend, for a distance of two or three inches, the disease presented the same appearance as in the lower part of the belly, and extended along the inner and front part of the thighs, from the groin to below the knee, in like manner. It was remarkable that so little roughness existed with so extensive a development of disease. One of the chief points of interest was the departure from the ordinary mode of onset by the rapid production, evidently of a host of minute foci scattered generally over the trunk, and apparently the upper part of the limbs, and their speedy coalescence, so as to give the idea of a "general rash."

This fact, coupled with the comparative freedom from pruritus, the circular character of the eruption, and the comparative absence of branny desquamation, led Dr. Fox to point out how frequently chloasma was and might be mistaken for syphilitic

discoloration; and he mentioned a similar case, in which a gentleman had been invalided home from India under the idea that the disease was obstinate secondary mischief,—mercurialisation having failed in effecting its removal. The diagnostic features of the two diseases Dr. Fox contrasted thus:—

Syphilitic stains.	*Chloasma.*
1. Colour brownish.	1. Fawn-coloured.
2. History of syphilitic infection.	2. No syphilitic history, perhaps.
3. Preceded by roseolous rash and slight pyrexia, with congestion of the fauces, &c.	3. No antecedent erythema as a rule, no pyrexial symptoms, no throat congestion, &c.
4. Seated on all parts of the neck, breast, face, forehead, and arms.	4. Parts covered by flannel generally.
5. Absence of itching as a rule.	5. Itching troublesome, increased by warmth.
6. Circular form of the stains, varying in size from that of a fourpenny to that of a two-shilling piece.	6. Patches generally of irregular shape, often of large size after the disease has existed for a while.
7. Desquamation absent.	7. Desquamation usual; branny scales can always be scraped away.
8. No elevation.	8. Slightly elevated.
9. Other forms of secondary disease often present.	9. Eruption uniform.
10. No parasitic elements found.	10. Parasitic elements easily and always detected.

Mistake is most likely to occur in cases of general chloasma. Syphilitic subjects, it must be remembered, may be affected by chloasma coincidently with secondary manifestations. The confusion, however, of syphilitic stains with chloasma, Dr. Fox stated, was too often a matter of mere carelessness, and was generally due to the neglect of microscopic examination. From every patch of chloasma branny scales might be scraped off, and the parasite (*microsporon furfur*) detected. In the case under notice the fungus was at once demonstrated. It existed in abundance, and somewhat more in the mycelial than in the sporular form. There were very few of the characteristic "heaps" of spores to be seen. The mycelial threads were well developed, freely branched, and full of granules. Dr. Fox ascribed the rapid spreading of the disease mainly to the active outshooting of the mycelium beneath the epithelium in all directions. The treatment consisted in removing the cuticle as far as possible by alkaline baths, and then using freely a solution of carbolic acid, gradually increasing it in strength.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEB. 4TH, 1868.

MR. SIMON, F.R.S., PRESIDENT, IN THE CHAIR.

Dr. MOXON exhibited a specimen of

EVERSION OF THE SACCULUS LARYNGIS.

The specimen was the larynx of a patient who died at Guy's Hospital of cancer of the stomach. It was not noticed that his voice was remarkable in any way. Dr. Moxon often spoke with him, and his voice was always such as not to attract attention. On inspecting his body, there was what at first sight appeared to be a tumour hanging down over one of the vocal cords, semi-elliptical in shape, and rooted above in the anterior half of the ventricle of the larynx. On examining the tumour, Dr. Moxon found that it could be easily put up into the usual position of the sacculus of the larynx. When so replaced, it very easily fell out of its position again, and reappeared, as it is now seen, a pendulous laryngeal tumour, very tempting to one skilled in the removal of laryngeal polypi.

The PRESIDENT asked Dr. Moxon if he had any reason to believe that the prolapse of the sacculus was congenital.

Dr. MOXON stated that the only indication of that was the laxity of the neck of the tumour.

Dr. MOXON next showed a specimen of

EMBOLISM OF THE SPLENIC ARTERY, THROUGH CANCEROUS PERFORATION OF ITS WALL.

This specimen was from the same body as furnished the everted sacculus laryngis which had just been shown. The patient's symptoms during life were singularly obscure; he generally denied having any pain, he never vomited, but he kept his bed, and could not eat—not that food gave him pain, but he loathed it. One day he suddenly became faint, and died. On examining the body, the stomach and alimentary canal were found to be full of blood. At the opening in the artery there was no clot, but in the spleen there was a patch of the usual appearance of those resulting from embolism—i.e., paler and firmer than the rest of the organ situate at its anterior margin, and sharply demarked by a darker border. The embolism was proved by the presence of a plug of pale fibrin in the artery that fed this part of the spleen. Putting these facts together, it seemed to Dr. Moxon most reasonable to conclude that the action of the cancerous ulcer during perforation of the artery caused a lodgment of solid fibrin on the inner face of the artery at the spot attacked, and that this solid fibrin had been detached, moved on by chance into the vessel in which it was found in the form of an embolic plug.

The PRESIDENT stated that he knew of one case which bore on that of Dr. Moxon. There was much sloughing going on in the groin close to the femoral artery, and at a period when it was doubtful whether or not the artery would rupture at that spot: it temporarily became pulseless beyond the site of the inflammation.

In reply to a question by Dr. Murchison, Dr. MOXON stated that he supposed the opening to be due to sloughing as well as to cancerous erosion.

Dr. MOXON also showed a specimen of

ULCERATIVE ENDOCARDITIS, WITH EMBOLI IN SEVERAL ARTERIES.

There were shown parts of many organs from a case of great interest which came under post-mortem inspection the day before the meeting. During life the case passed for one of typoid fever; and although the disease was of another nature, yet its symptoms were very deceptively like those of typhoid fever. The patient was a young man aged twenty-one. When he was admitted at Guy's Hospital, it was at first doubtful whether his case was to be received as rheumatic or as typhoid. He had pains in the limbs, but these were not localised, and he could move the limbs easily; his tongue was dry and brown; pulse 110 to 116; his temperature 104°; and his bowels loose, the stools being regarded as characteristic typhoid stools. He died on Feb. 2nd. On inspection, there were ecchymotic spots on the chest and abdomen. Further ecchymotic spots were found on the pleuræ, pericardium, larynx, stomach, and intestines, and in the urinary bladder, giving the appearance associated with blood-poisoning; but the mesenteric glands were healthy, and the intestine, except for the spots, perfectly so likewise. The spleen was, however, large and soft, as in typhus; it weighed 18¼ oz., but it had in it two large pale wedge-shaped patches, of the kind called embolic patches. The aortic valves were much diseased; two of them were converted in appearance into heaps of rather loosely connected vegetations, and the common point of attachment of two of the segments was in an excavated state, as from ulceration. The excavated spot was in the concavity of the bend upwards that the mass must have made in the current during systole. The mitral valve had a similar localised patch of disease. The blood in the heart was liquid. The kidneys had numerous "embolic" patches in them, recent and semi-recent. The liver showed externally no signs of them, but on opening up the right hepatic artery a plug was found in its second bifurcation, this plug being adherent. The brain externally showed no change, but on following the Sylvian arteries there were found two plugs of fibrin in the right Sylvian, and though nothing unusual was to be seen on superficial observation of the brain at that part, yet a stream of water immediately showed a decided softening there; the brain broke away at that part in a pulp, in a stream that had no effect on the rest of the organ. This case, Dr. Moxon said, bore best the interpretation that the blood had been poisoned by the products of the endocardial ulceration. The state of the spleen, of the blood, and of the serous membranes, and the comatose state of the patient, together favoured that view.

Mr. NUNN then exhibited a

STOMACH RUPTURED SUPERFICIALLY,

which had been removed from a patient who had been thrown feet downwards from a height of sixty-six feet, owing to the giving way of a lift. He had compound fracture of one leg, and a simple fracture of the other, and died from apparently inexplicable sinking twenty-four hours after amputation.

There was no vomiting of blood during life, although there were many lesions similar to that of the stomach along the intestinal tract. There was but little pain, although a good deal of sickness was present. He passed some black stools and a little blood on the second day.

Mr. NUNN also showed a

RECURRENT TUMOUR OF THE BREAST.

Last session he showed a very large one, weighing four pounds, which had been removed from a young woman, aged twenty-six. That was the second removal. He now showed the results of a third growth. It extended into the thorax between the ribs, and caused partial absorption of the sternum. There was no other disease of the body. Referred to Committee.

Mr. NUNN likewise brought forward some

FUSIBLE URETHRAL CALCULI,

removed from the perineum of a patient who said he had passed scores such.

Mr. PICK exhibited and described an

ANEURISM OF THE HEART

removed from the body of a tailor aged thirty-one. He had suffered from a cough for two years. The heart was large, weighing twenty ounces; its surface was rough, and its ventricles dilated and lined with a sort of fibrous membrane. On the right side, below the semilunar valves, was an aneurism, with an opening the size of the point of a finger, partly closed by fibrin. In the septum was a sac containing much fluid blood, and communicating with the aorta and right auricle.

Dr. DICKINSON showed some

VERY SOFT RICKETY RIBS AND STERNUM

removed from a child aged two years. It had died suddenly, while undergoing a stethoscopic examination, probably from the pressure on the chest. It suffered from pneumonia, and died without a struggle.

The PRESIDENT confessed to a degree of uncertainty as to the cause of death. Position had, no doubt, something to do with it, but it was questionable whether apnœa was the cause.

Mr. CROFT remembered a case in which, when operating for harelip, the child swallowed a few drops of blood, and looked as if dead. He turned it, removed the clot, and the child did well.

Dr. J. OGLE had heard of one curious case, that of a child labouring under cyanosis, who, when tossed up into the air by its father, came down dead.

Dr. MOXON spoke of a man who was taken from a public-house, and was living when brought to the steps at Guy's, but who died without a struggle before he could be seen. A large piece of beefsteak was found in his throat.

Mr. I. BROWN suggested that the case was similar to one of overlaying, as when a child died from its mother laying her arm on its chest.

Dr. CHOLMELEY exhibited a

CIRCUMSCRIBED CEREBRAL ABSCESS

removed from a young woman who came into the Great Northern Hospital in an insensible condition. There was no paralysis and no rigidity. Her pulse was 70, and not perfectly equal; the respirations over 20, and thoracic. She could not swallow, and complained of headache, and pain in the joints. She suddenly became unconscious, and soon died, death not being preceded by a convulsion. Dr. Crucknell examined the body, and found the surface of the left hemisphere of the brain pulpy at one spot, and the left anterior lobe of the cerebrum full of fluid.

In reply to Dr. Risdon Bennett, it was stated that the petrous bones were not examined, but that they appeared healthy externally.

Mr. KELLY showed an

ABNORMALITY OF THE KIDNEYS,

there being two on the right side and none on the left. They were placed the one above the other, the right being uppermost.

Dr. SUTTON showed a

RUPTURED ABDOMINAL ANEURISM FORMING A FALSE ONE.

The patient, a man aged thirty-one, came under the care of Dr. H. Davies, and maintained that he had been in good health up to eight weeks before his admission, when he was squeezed by a cart, after which he complained of pain. This went away, but again returned, and he was obliged to be admitted into the London Hospital. The tumour was made out, but was supposed to be an aortic aneurism. After death no blood was found in the abdomen; all was behind the peritoneum.

Dr. SUTTON exhibited some specimens of

DISEASED BRONCHIAL GLANDS

removed from a patient under Dr. Risdon Bennett. The young woman, aged twenty-three, was well grown and plump, but pale. She complained of pain in the chest. After death, the left lung was found to contain many abscesses, and no healthy tissue; its bronchus was occluded by the diseased mass. The right lung was healthy.

Dr. SUTTON also showed an

ANEURISM OF THE PULMONARY ARTERY

occurring in a man aged forty, the subject of phthisis, and who had spat much blood. The pleura was thickened below it and at the base of the right side. The cavity contained a partly decolorised clot. The rest of the lung was tubercular.

Dr. GREEN remarked that it might be a dilatation of the pulmonary artery in a tubercular cavity.

Reviews and Notices of Books.

The Diagnosis, Pathology, and Treatment of Diseases of Women; including the Diagnosis of Pregnancy. By GRAILY HEWITT, M.D., F.R.C.S. Second Edition. London: Longmans.

IT is just four years since we received the first edition of this work; and our estimate of it then was such that we are not surprised to find that a second edition has been called for. The author has made some very important alterations and additions in the present issue, by which the work is greatly enlarged, and, we may add, improved. In the former edition the subject of pathology was only incidentally treated, and that, too, in an unconnected manner; the diagnosis and treatment of the diseases of women being alone considered. We thought at the time that this was a mistake, and we are glad therefore to see it corrected in this edition.

The First Part treats only of the subject of Diagnosis. The Second Part, which occupies more than half the work, is devoted to the consideration of Pathology and Treatment; and the author shows here fully as much care in his remarks on pathology as is generally characteristic of his writings. Another very important feature which is new to this edition is the introduction of upwards of one hundred illustrations, the greater number of which are original; and many of these are intended solely to assist the student and practitioner in the matter of diagnosis.

All these changes are undoubted improvements; but a further acquaintance with this work has convinced us that the author may accomplish a yet greater result if, in a future edition, he will consent to alter one of its distinguishing features—namely, the arrangement of the subject-matter. It certainly cannot be for convenience of study, nor, in our opinion, does it facilitate reference, that the reader should be obliged to turn to different parts of the work for information as to the pathology or treatment of any disease, the diagnosis of which he has studied elsewhere. A valuable practical treatise on gynæcology, such as this is, cannot be too simply arranged; we hope, therefore, the author will contrive in future editions to bring his subjects in contact on all points.

On the occasion of our reviewing the first edition, we gave a general outline of the contents of the work, and cited several examples of the author's method of treating his subject. The general plan or arrangement of the work remains, as we have said, the same, with the addition of a good deal of new matter. We need not therefore now do more than allude critically to some few of the author's views on gynæcological subjects, in order that our readers may form some opinion of the character and merits of the work. We might select many subjects for this purpose, but will take two or three of the more important.

The treatment of mechanical or obstructive dysmenorrhœa has lately attracted a good deal of attention in this country. While our neighbours on the continent, both in France and Germany, believe that we have greatly overrated the frequency of this affection, and are inclined to question our views of its pathology, Dr. Graily Hewitt evidently regards it as by no means uncommon, for he says:—

"All these considerations are sufficient to show that we have not far to go in order to find a number of conditions capable of producing constriction of that canal by which the menstrual fluid is evacuated from the uterus. Conditions of the kind alluded to are known to be associated with severe dysmenorrhœa; and the pain in such cases is completely accounted for by the retention, temporary or partial, which we may suppose to be present under these circumstances."—p. 435.

Subsequently he enumerates nearly a dozen different causes of this obstruction. In regard to treatment, after speaking of the general constitutional management, the author enters fully into the mechanical or surgical requirements, and he describes three different proceedings: 1. Dilatation of the canal. 2. Enlargement by means of a cutting operation. 3. Persistent mechanical rectification in cases arising from constriction or flexion of the canal.

In regard to the first of these modes of treatment, we are rather surprised to find the author ignoring altogether the dangers sometimes attendant upon it. For ourselves we can only say that of the two we certainly prefer the cutting operation, though we are not unmindful of its risk; but we have seen several cases of acute metro-peritonitis result from the attempt to dilate the os by means of tangle and sponge tents, and we therefore regard this remedy as one requiring very great caution. We are disposed, also, to take exception to the author's management of cases of incision of the cervix; for, instead of attempting to keep the parts open immediately after the operation, Dr. Graily Hewitt prefers to wait two or three days, and then to use the sound freely, so as to break off adhesions every other day or so for a week. This proceeding not only causes great pain, but adds fresh risk to the possibility of irritation and inflammation; all which is avoided by the use either of an expanding or other stem to keep the parts open.

Uterine flexions are sometimes among the most troublesome cases we meet with in practice. Dr. Hewitt takes, we think, rather too little notice of the congestion and inflammation which are so constantly present in these cases, and to the removal of which all other local, and especially all mechanical, treatment must be subservient. Indeed, MM. Bernutz and Goupil declare that the displacement alone is of no consequence unless it be associated, as it most frequently is, with inflammation. Dr. Hewitt relies, we think, rather too much upon mechanical appliances in the treatment of these cases. No doubt these will be generally needed, but they ought in our opinion always to be preceded by other, and especially by depleting, remedies.

For the treatment of anteflexion and anteversion, Dr. Graily Hewitt has invented an ingenious form of pessary, which he says is very successful. We have not had an opportunity of trying this at present, but we should imagine that its application is not a very easy matter. These cases generally give us the greatest trouble, and if Dr. Hewitt has succeeded as he describes, we shall be among the first to thank him for his invention.

Another most important subject which Dr. Hewitt has treated very fully is pelvic cellulitis, and we are glad to find that his views of the pathology of this disease are in accordance with those of most recent anatomists. We cannot, however, say as much of his opinion of the relation of this affection to pelvi-peritonitis; indeed, we are rather surprised to find that he only casually mentions this subject. The researches of Bernutz and Goupil prove that this is a most important, because very common, disease; possibly they may have overrated it, we incline to think they have, but we equally think that Dr. Hewitt has underrated it; and in the next edition of his valuable work we shall hope to see it enhanced by a chapter on this subject.

In conclusion, we can only add, for we have already extended these remarks beyond what we intended, that we know of no work on the subject of the diseases of women which we can with greater confidence recommend as a text-book than this. Dr. Hewitt writes always with moderation and thoughtfulness. Perhaps if he were a little more confident in his tone, a little more precise and dogmatic, he would guide those whom he aspires to teach with greater surety; but he has, at any rate, the qualities calculated to win the reputation of being a safe authority in matters of medical belief.

The Ship-Captain's Medical Guide. Compiled by HARRY LEACH, Resident Medical Officer, Hospital-Ship *Dreadnought*, &c. Small 8vo, pp. 85. A. M. Walker.

THIS is the work sanctioned by the Board of Trade, in pursuance of a provision of the Merchant Shipping Act, 1867, for use in the mercantile marine. The author's name is a sufficient guarantee of the ability with which the work has been prepared. No one else was so well fitted for the task, and the manner in which it has been executed could not be surpassed. Succinct, yet eminently clear; compressed to the highest degree, yet sufficiently detailed,—officers in the mercantile marine will find this work an admirable and thoroughly trustworthy guide in all medical and surgical exigencies. It not only tells what to do, but enforces the important truth that just care of a sick man does not mean the deluging him with physic. It teaches, in fact, the necessity of not meddling too much with nature. In one respect only has a doubt as to Mr. Leach's instructions crossed our mind—namely, as to the directions for the use of stimulants in fever, with or without eruption, and in inflammation of the lungs (pp. 30, 33, and 36); but we presume that he is guided by his wide experience.

PROFESSIONAL COMBINATIONS.

BY T. P. HESLOP, M.D.,
PHYSICIAN TO THE BIRMINGHAM CHILDREN'S HOSPITAL.

THE present position of the medical profession in relation to remuneration from public bodies is confessedly one reflecting most seriously on its honour, while it is damaging to its material interests. The difficulties attendant upon attempts to ameliorate this state of things have hitherto prevented the changes so much desired by the great majority of the profession. These difficulties have mainly arisen from the following causes:—The constant importation into a liberal calling of half-educated persons of mean tastes; the want of knowledge among medical men as to the best means of obtaining the consideration of their just claims; and the failure among leaders of the profession, especially the consulting practitioners, to apprehend their duty as regards both those who desire to support its dignity and those who do not shrink from treading it under foot.

1. A very superficial acquaintance with the *personnel* of our body will be sufficient to convince the observer that the extreme laxity of medical examinations and the inadequacy of the tests of preliminary liberal education have enabled many persons, without the smallest tincture of the characteristics of an educated gentleman, to become enrolled as members of the profession. Some of these evils are doubtless becoming diminished; but far more stringent measures are necessary than those now in force before an effective obstacle can be raised to the admission of ill-qualified persons. The multiplication of schools, both metropolitan and provincial, is tending in the same direction. The organisation of these last well deserves the attention of the managers of our corporate bodies. The fees demanded are so low; the teaching, as a rule, is so un-

worthy of the present state of science; the incentives to ambitious clerks and druggists to try to become surgeons are thereby so much exalted, that their existence has probably done more to degrade the profession than all other causes put together. These petty schools should be regularly inspected. Some guarantee should be exacted of the fitness of the lecturers to perform their duties. They should not be permitted to undersell the greater schools of the metropolis, as already the fact of the residence of the students in the neighbourhood of the school enables them to save the expense of metropolitan lodgings, and thus to diminish, by at least half, the cost of a medical education. Above all, every provincial student should be compelled to pass a year in the schools of one of the metropolitan cities, or of the Continent. In this manner a higher culture would be rubbed into our young alumni, and they might become able to forget the example of professors who are so forgetful of the dignity of their position as to hold the very lowest parochial offices, and to rest contented with club appointments at the rate of two shillings and sixpence per head per annum. Teachers of youth, forsooth!

2. The curious incapacity for organisation among medical men has been for many years a subject of wonder to me. Hence it comes, that instead of fruitful effort we live in the midst of a storm of sterile jabber. When we seek some object of acknowledged importance, we mistake garrulity for action, angry remonstrances for determined resolves. Profuse applications for redress of grievances, backed up by a medical press ever sympathising with our wronged brethren, are regularly treated with scorn by public bodies, simply because they know that medical men are the only people in the community who confine their efforts to talk, and who have yet to learn the rudiments of the art of co-operation. There have been three great complaints festering in the heart of the profession for a long time past—the insufficiency of the remuneration for parochial and club appointments, and the gratuitous performance of medical labour for rich charities, which have become rich in consequence of that labour. In reference to the last, nothing has been done, for nothing has been attempted. As regards the second, the grumblings of half a century were literally attended by no result, for no approach was made to a combined effort. Happily, within the last twelve months the profession in the Midland District have resolved to enter upon an united action. As I write, the evidences of a near triumphant issue of that action are hourly accumulating. Who shall say how much material prosperity, how much comfort, how much honour will be added to our common calling by that movement?

The payment of the services rendered by parish medical officers is so thoroughly contemptible as to be a disgrace to us. Over and over again this matter has been the subject of indignant leading articles, and still more indignant letters, in the columns of THE LANCET. Here and there some unhappy surgeon, burdened by the care of half a dozen children, has ventured to ask very humbly for an increase of stipend. When refused, as it always is, the children, alas! restrain the natural instinct of a gentleman, and the office is retained. Should he be stung by the insolence of a guardian to the utterance of a rejoinder, he is requested to resign, as there are a goodly number prepared to take up the work and the pay. Are the Poor-law officials to be permitted to abuse the patience of a noble profession for all time? Pamphlets have been written in vain. Mr. Griffin has given a life to his oppressed brethren. The medical press tells them of their sufferings with the regularity of the seasons. The harrowing stories contained therein, with such wearisome frequency, might move women to tears: they ought to move men to deeds. But medical men do not know how to obtain the objects they aim at. They have no machinery whereby a common action may be secured. How, then, are they to be furnished with the needful protection? How are they to be assured that the men lying ready to purchase their places by the sale of their honour will be thrust out of the pale of professional relations? This brings me to my third point.

3. It has been brought forcibly home to my mind during the last few weeks, in which the remuneration offered by Friendly Societies has been so much discussed, that no satisfactory solution of the question, or of any analogous question, can be arrived at, unless the consulting practitioners determine to support those of their brethren who maintain the honour of their vocation, and to withhold that support from those who drag it in the dust. Any document issued for the purpose of obtaining the adhesion of the mass of the profession to certain principles must fall harmless to the ground if it does not include a clause pledging the signataries to withhold their sanction and countenance from those who deviate from the principles set forth in that document. To give a case. Supposing it to be resolved upon that the whole body of surgeons of a given district should be requested to accept no club appointment under the minimum rate of five shillings, and that the requisition be without that clause; is it conceivable that the general body, or even a majority, of the surgeons will sign the document unless they know that, in the event of a few unworthy persons refusing to stand by their brethren, the physicians and consulting surgeons will refuse to hold any professional relations with such persons? It is cruel and preposterous to expect such a thing. Is a man of slender income, but who holds the public opinion of his profession very dear, and is prepared to act in unison with it, to be asked to give up a situation which yields him £100 per annum, unless those who ask him to make that sacrifice can assure him that should his next-door neighbour venture to accept his situation all his co-signataries will decline to hold any intercourse with him? Is it not a fact that every profession contains a certain proportion of members dead to shame, and whose line of action is exclusively determined by their interests? There is no practicable mode of reaching these creatures but through fear. Now as no one of them, however hardened in his career of dishonour, could exist for three months in any town in England were the consulting practitioners to refuse to meet him, the responsibility of a successful issue to such a movement as I am supposing does, in fact, rest with those practitioners.

But now comes the objection. All this is trades-unionism. It is unlawful to declare that you will refuse to meet a qualified member in certain eventualities. It is justifiable to talk, and write, and agitate in order to induce our brethren to take a certain course; but there the effort must stop. A free translation of this into the language of common sense is: it is right to try to move our brethren in a certain direction; but the only effectual inducement to motion must not be used. The fires may be lighted, but they must not be placed under the boiler. The honourable men must be firmly bound by a pledge. The dishonourable must be allowed to do as they list. This can scarcely be right.

But is a combination with a common object to be stigmatised as trades-unionism? I fear that many medical men are too prone to follow the advice of Mr. Jonathan Hutchinson, and forsake newspapers and reviews for severer studies, regardless of the dictum of more experienced educationists that a thoroughly cultivated man knows something of everything, and everything of something. Such gentlemen, ignorant of what a trade union is, will, doubtless, be much afflicted that so unholy a thing should be introduced into Medicine. The facts, however, cannot be changed. A trade union means an association of men for the purpose of keeping up the wages of labour; of restraining the number educated for the trade; of limiting the number employed in a given place; of limiting the hours of work. These objects are attained by exacting periodically fixed sums from the members; by the most minute restraints upon the operations of trade; by grants of sums of money to workmen on strike for the support of themselves and families; by uniting the peculiarities of a friendly sick assurance society with the union; by a minute surveillance of manufactories where non-union men are supposed to be engaged; finally, by the unsparing use of physical coercion and punishment, even to death, should the necessity arise.

Will anyone affirm that the combination of a body of professional men in order to effect an increased remuneration for some of their number—one feature of that combination being the resolution of those combining together not to hold professional relations with those who reject the association—can be fairly assimilated to such a compact as I have just outlined? They touch nowhere but at a single point—the attempt to keep up or enhance the price of labour.

I have no doubt that a trades union or combination, in the workman's sense, is unjustifiable. I am equally sure that a combination of men to obtain a fair reward for their labour, in the professional sense, is both right and necessary. There is no example of an association for the preservation of the interests of the members more pertinent to this question than the Incorporated Law Society. "Probably the most perfect specimen of a trades union, in what we may call the non-aggressive phase of development, is to be found in the Association of Solicitors known by that name. Every attorney with any claim to respectability belongs to this body, which exercises a sort of lax control over the conduct of its members. Its avowed object is to keep up the character of the legal community, and any gross breach of recognised legal morality or etiquette is visited with expulsion from the Association.

No legal penalties of any kind are attached to the jurisdiction of this self-constituted tribunal; but still the expression of collective opinion conveyed by its censure exercises, in so far as it goes, a very wholesome influence upon the members—if they will excuse our so describing them—of the "law-mongering trade"

As for the rules among barristers, they are so minute and stringent that probably no trade union surpasses them in rigour. Everyone knows that if a Q.C. were to do what he was accustomed to perform as a stuff-gownsman, no junior would take a brief with him. If any barrister breaks the circuit regulations or changes his circuit more than once, he is sent to Coventry. His success is impossible. Let me give a case, as it happens to be well known to me. The late Mr. Kennedy, certainly one of the finest scholars in England, had broken the rules of his order in reference to the last point. In the famous libel case COX *v.* the *Birmingham Daily Post*, tried three years ago at Warwick, Mr. Kennedy was to have led on the side of the defendant. Two eminent junior barristers of the Midland Circuit refused to hold a brief with him. The post of honour was consequently given to Mr. Coleridge, by special retainer. I take it that the honourable reputation of the Bar is much connected with such rules as these, and that the sad laxity among medical men is much owing to the want of such rules.

It is, surely, justifiable to do collectively, and by mutual understanding, anything that a physician feels bound to do as an individual. I lately told a gentleman that I would not meet him in consultation while he had his name on the door of a druggist in the centre of the town, though practising in the suburbs. I have repeatedly declared that I would not meet any member of the profession, under any pretext whatever, who lends his name to unqualified persons in order to enable them to evade the law and to impair the credit and remuneration of their profession. If it be correct for me to take this course, as will, I presume, be admitted, it cannot but be correct for me to ask my consulting brethren to pledge themselves to adopt a similar course, and thus to annihilate at a blow one of the greatest stains upon the honour of our body.

Should it be now objected that a combination in medicine is a different affair from a combination in any other body, and that questions of health cannot be dealt with like common matters of social arrangement, I answer, with confidence, that a high moral sense equally leads to the course of action I am recommending as a regard for mere professional interests. Every man who is insensible to the honour of his profession is also insensible to every other form of honour. Such persons, too, are almost always grossly ignorant. It is a fearful thing to look on calmly, even approvingly, while they are permitted to exercise their craft on our helpless fellow citizens.

From whatever point of view I survey the question of combination in its limited sense, I arrive at the conclusion that it is justifiable and necessary. I have no sympathy with mere screams. It is better to bear our ills in silence than to weep continually hysteric tears in the presence of charity governors, poor-law guardians, and club secretaries. If we cannot agree to support our wounded brethren in our arms, it would be better to pass on the other side, and leave them prostrate under their heel.

ON THE ADMINISTRATION OF CHLOROFORM THROUGH THE NOSTRILS.

To the Editor of THE LANCET.

SIR,—In the report of the discussion on Mr. Smith's paper on Cleft Palate at the Medico-Chirurgical Society, published in your journal of Jan. 25th, I am stated to have recommended the use of a nose-cap for sustaining the anæsthesia of chloroform in operations in which the mouth is kept open.

The report was necessarily too brief to explain the kind of instrument which I exhibited to the Society, and I am anxious that my instrument should not be confounded with some others which have been devised for a similar purpose.

I stated that in operations on the teeth or jaws, I was in the habit of inducing anæsthesia by means of an instrument consisting of a facepiece covering the face and mouth, and connected by a tube with a bag containing air mixed with four per cent. of the vapour of chloroform. I next stated that after inducing anæsthesia, I removed the facepiece from the tube, and replaced it by a cap furnished with inspiratory and expiratory valves, and fitting closely over the nose. Lastly, I pointed out that under the circumstances described a considerable quantity of the mixed air and chloroform must be inhaled in spite of the mouth being open.

With your permission, I venture to submit a few further remarks upon the general question of the administration of chloroform by the nostrils.

Now, when the mouth is open, it is impossible to be sure how much air passes by the mouth, and how much by the nostrils. During waking either passage may be closed by a change in the position of the soft palate. If no effort is made, about as much passes one way as the other. Under chloroform, a patient may breathe chiefly through the nostrils, or almost entirely by the mouth, and I have sometimes found it necessary to make pressure upon the bag during inspiration to assist the entrance of chloroformed air.

There is no danger of giving an overdose in this way. It is obvious that the patient cannot accidentally inhale a higher percentage of chloroform than that in the bag.

My bag is charged by a bellows, which holds exactly one thousand cubic inches. To each bellowsful of air there is supplied, by means of a glass syringe, thirty-two minims of chloroform. This quantity of chloroform is completely vaporised by means of the apparatus employed, and perfectly mixed with the thousand inches of air from the bellows.

Thirty-two minims of chloroform are equal to thirty-seven cubic inches of the vapour of chloroform. The mixture in the bag therefore contains rather less than four per cent.

That such a proportion may be considered safe is proved by the fact that I have already administered the mixture described in upwards of seventeen hundred cases without a fatal result. It is only right to state that very many of these cases have been believed to be especially unfavourable for the exhibition of chloroform, and my method has been adopted for that reason.

I have thus ventured to explain my instrument, as other methods of giving chloroform by the nostrils have been proposed, and all such methods, as far as I know, are open to objection. In all it is impossible to regulate the proportion of chloroform to the quantity of air breathed.

Mr. Vidler's nose-inhaler is effective in keeping up anæsthesia. It necessarily fails, however, in cases in which the patient breathes entirely through the mouth. If under such circumstances the operator should be tempted to add more chloroform, a few drops may run down into the nose; or, should the patient take a strong sniff through the nose-cap when warmed by contact with the face, a high percentage of chloroform must be inhaled. In either case, cardiac syncope would be likely to supervene. A dentist of considerable experience in the use of chloroform related to me a case in which this result actually occurred in his practice.

I am, Sir, yours obediently,

JOSEPH T. CLOVER.

Cavendish-place, Cavendish-square, Feb. 4th, 1868.

MEDICAL AND NATURAL SCIENCE TEACHING AT OXFORD AND CAMBRIDGE.

To the Editor of THE LANCET.

SIR,—You will much oblige me by allowing me the space of a few lines in which to conclude my share of the correspondence on Oxford and Cambridge.

1st. I did not and do not declare myself a student in medicine *at* Oxford.

2nd. Mr. J. W. Clarke is the best person to answer for the condition of the Cambridge Museum himself. He, I am sure, will say, as he said six weeks since, that the collection of soft organs of vertebrata is by no means what it should be, and is greatly inferior to that at Oxford.

3rd. "Cellula's" quibble or ignorance as to the "hepatic tissue" is simply lamentable, coming, as he says it does, from "a University man." Perhaps I may suggest to one who ventures to discuss *homology*, that "with" is used after that word, and not "to." It is *very* unusual for University men to make mistakes of this sort.

4th. The Trinity scholarship had not been announced when I wrote my first letter.

I regret that "Cellula" should have brought this discussion into a question of one or two details. He has not attempted to take up the main questions at issue, and has failed, I submit, to establish the assertions he made in reply to mine.

I am, Sir, your obedient servant,

Oxford, Feb. 10th, 1868. LUMBRICUS.

*** This controversy must now end.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 15, 1868.

THE programme issued by the Right Hon. ROBERT LOWE to the graduates of the University of London will be read with interest and pleasure, even by those of us who have no voice in choosing a representative for this newly enfranchised body. The University is too closely associated with our profession, through the large body of medical graduates belonging to it, for us to feel otherwise than powerfully concerned in the selection which must ere long be made. Even if the world-wide reputation of Mr. LOWE had been insufficient to furnish adequate grounds for expecting his candidature to be successful, the views which he has just enunciated proclaim him, it seems to us, as eminently fitted to represent an institution founded on Liberal principles by Liberal men. In his comparatively short parliamentary life of fifteen years, Mr. LOWE has contrived to associate himself with some of the most important legislative reforms of modern times. It was he who carried through the House of Commons the Joint Stock Companies Act of 1856, the enlargement of the powers of the Charity Commission, and the change in the Minutes of Education known as the Revised Code. The work, however, on account of which he has especially earned the recognition of the medical profession is the Act for giving permanence to the Medical Department of the Privy Council, which was carried by him. The important results already obtained from the labours of a department unsurpassed in practical utility, and singularly free from the objections which can but too often be urged against governmental departments, furnish the best testimony to Mr. LOWE'S judgment in establishing on a firm foundation this ministry of public health. It is scarcely possible to overestimate the probable advantages to the country in the future from the labours of this department. In an economical point of view alone the interests of the community are served to an extent which only those who can trace the money loss produced by disease and death are fully able to appreciate. With Mr. LOWE'S views on economy we should imagine that none will be found to quarrel. Extravagance he believes to be doubly an evil—as a needless waste of the money of the people, and as the sure sign of inefficiency. The true way to save is not the cutting down of single items, but a more complete organisation of our departments, and the determination that for whatever the country spends it shall have full value in labour, talent, or materials.

There are many subjects touched upon in Mr. LOWE'S address which it would be out of our province to discuss in this journal. It may be said however, generally, of these, that the views put forward bear the mark of that unusual practical sagacity of which Mr. LOWE has given numerous proofs. Whilst Mr. LOWE evinces the most advanced liberality of opinion, his ideas are nevertheless propounded in a manner which makes their acceptation by those of different political opinions by no means so difficult as it would be in the case of less able advocates. There is one topic remaining, that of life-peerages, which bears sufficiently upon the medical profession to induce us to quote Mr. LOWE'S own words:—

"I dissent," he says, "from the destructive conservatism which would keep the House of Lords just as it is, and would gladly see that House enabled better to resist pressure, by being placed more on the footing of a senate where distinguished merit might find a place beside rank and wealth."

We cannot doubt that Mr. LOWE will largely receive the support of medical graduates. Already, out of the 254 signatures to the requisition which was forwarded to him, no less than 87 belong to the Faculty of Medicine. We must congratulate the University on the high probability of its being represented by a man whose splendid abilities will help to extend its influence more widely and more rapidly, if possible, than is even now happening. It has been urged against Mr. LOWE that he is not a graduate of the University. We are sure that such voters as are represented by men of carefully proved attainments will not seriously entertain the proposition that a candidate for the representation must necessarily be a graduate of the University. There might be a faint show of reason in this if the University of London were an educating body in the academical sense, and it were, therefore, thought desirable to produce to the world a specimen of successful tuition. But it is nothing of the kind. The graduate has been, it is true, severely tested by examination; but the credit, if he sustains this with merit, is due, in great measure, not to the University which examines him, but to the school at which he was taught. And if it be urged that graduateship is required as a guarantee for adequate ability on the part of the representative, it is only necessary to point to the fact that Mr. LOWE graduated at Oxford in high honours in 1833. As a member of the Senate of the University of London, he is thoroughly identified with its interests. How strongly he feels this position, and how well able he is to act upon it, was shown last year in the debate upon the distribution of seats, when but for him and Mr. CARDWELL the University would have been exposed to lasting ignominy. As a representative in whose hands the University will become associated in men's minds with all that is eloquent, practical, and powerful; as one who has ever striven to reform the law by bringing it within the principles of enlightened jurisprudence, to substitute merit for patronage as a means of entering and rising in the public service, and to promote the education of all classes, Mr. LOWE stands forth as pre-eminently fitted to receive the suffrages of the London graduates. We urge upon those belonging to the Faculty of Medicine, who have not already done so, that they should lose no time in enrolling themselves in the list of his supporters.

WE are about to write again on a matter which has long been ignored. Society has been endeavouring for years to conceal a delicate and disagreeable subject, although it has been obtruding itself on public notice in almost every thoroughfare. The very magnitude of the evil has of late forced attention to it, and most persons no longer offer the insuperable objections they once did to some plan of legislative action with the view of controlling the spread of contagious diseases of a venereal character. The way in which the subject has been advocated has been somewhat unfortunate. We can only repeat what we said last week, that anything approaching

a sensational method of treating it is to be deprecated. We may allow that the force of the animal passions is not shared equally by the two sexes; that the male is the aggressor, and that his *moral* guilt equals, if it do not exceed, that of the other sex; and that the adjustment of this world's punishment is unequally distributed, and falls with almost exclusive weight upon the female. But what is to be gained by all this? Much might be urged in favour of the necessity or expediency of this state of things, considering that the very safety of society, as at present constituted, hangs upon the integrity of female chastity. Still men have no right, morally speaking, and we certainly do not believe they have the inclination, to cast the first stone at the opposite sex.

But, we repeat, all this has nothing to do with the subject as it comes before us. We must regard it exclusively in its scientific—its physiological, medical, and economical aspects. So long as limited incomes and prudential motives have their present effect, just so long must we expect a large proportion of men and women to be doomed to temporary or permanent celibacy. The moralist may lament, but no one can ignore the facts which all history teaches and common observation corroborates. As far as our soldiers and sailors are concerned, we are all interested as taxpayers, and it ought to be remembered that we owe them some consideration in consequence of our compelling them to adopt a course of life in the interest of the nation which necessarily imposes celibacy on the majority of them.

That the effects of the diseases in question entail enormous evils no one denies. "Unlimited contagion" means loss of health, waste of life, and consequent loss in money and efficiency to an extent that cannot be exactly defined. The results, moreover, are not confined to the individual delinquent, but often involve the health and lives of the innocent. The experience of most medical men will furnish them with instances of very lamentable occurrences among wives and children; and the Association for extending the Operations of the Contagious Diseases Act has collected a large amount of information on this and many other points bearing on the subject. But we will give an instance of this kind of communication, which must appeal with some force to our readers. Mr. PAGET informed the Association that he had known five surgeons die, and at least fifty who had suffered more or less severely from the effects of syphilis contracted in the performance of their professional duties. It seems wonderful, therefore, that the desire to ignore the existence of this canker in society should have been so determined, and that so little should have been done in former years to prevent its extension. We have already had some experience of what can be effected by legislation. The amended Contagious Diseases Act was passed in June, 1866, and came into operation in October following. There can be no doubt that it has done much good. Let us take in illustration some facts from the Statistical Report on the Health of the Navy recently published.

The results obtained at the head-quarters of the Marine division at Plymouth were: for the first six months of 1864 (before the Act came into operation) the ratio per 1000 mean force, of those suffering from one and the worst form of these diseases, was 129·7; whereas, for the first six months of 1867, the ratio per 1000 was 49·3—a very considerable reduction. At Aldershot, we have it on the best authority, the disease has been wonderfully reduced. No severe cases are now found amongst the women; and for some months past the medical officer has been able to discover only one instance of the constitutionally infecting form of lesion. Were it not for the arrival of fresh troops from places unprotected by the Act, or from garrison towns like Portsmouth, where the amount of hospital accommodation is utterly insufficient, and for the occasional arrival of infected women attracted to the camp by the hope of getting their wants alleviated and their persons cured, the disease might be stamped out at Aldershot. At Sheerness, we believe, the results are also very satisfactory. It is absurd to suppose that we can effect much at Chatham and Woolwich while the metropolis remains from which incursions can be constantly made.

If we turn to the experience gained abroad, we find that the evil can be successfully grappled with if we only set about the matter properly. The Germans managed almost entirely to banish this class of diseases from among their troops stationed at Mayence some years ago; and we know what has been done at the Mediterranean stations. Those who are still sceptical, and who point to the trifling benefit obtained at such garrison towns as Portsmouth, need to be reminded that the inadequacy of the results obtained there can be fully accounted for, and, what is more, remedied. The hospital accommodation is insufficient to provide for all the cases known to the police. The sailors of our mercantile marine are moreover not entitled to treatment for this class of diseases on board their ships in port; the consequence obviously being that they prove so many sources of infection wherever they go.

If we can only manage, however, by the detention and cure of diseased women in hospital, to prevent them from spreading contagion, we shall be laying the axe at the root of the tree. The *Saturday Review* only expressed what we advanced last week, when it said of the present limited operation of the Act that we are fruitlessly attempting to purify the Thames by applying measures to one or two sewers pouring their contents into it. In other words, we have been all along treating a very widely disseminated evil by attacking it in detail at a few outlying posts.

If the amended measure of 1866 be calculated to benefit the health of soldiers and sailors, it must, by a parity of reasoning, be capable of effecting a similar influence on the civil population. And, what is more, it never can produce any large amount of good among the former classes unless it be extended beyond them.

There is no difficulty in getting an amended Bill into working order and applied to all our large towns, without in any way wounding the sensibilities, or running counter to the prejudices entertained by some people against the public recognition of the sources of these evils. It only requires a little courage and vigour on the part of our legislators. The workhouse hospitals are ready; the medical men are present. No extraordinary materials are required: an extra nurse or two to each ward, and some extra pay to the surgeons, with a very slight increase in the municipal and county police. These measures will provide for country places and small towns. Where hospitals already exist, provision could be made to set apart additional wards in connexion with them for the reception of these patients. Surgeons must be nominated in every large town, and it should be the duty of the police to take every known prostitute periodically before them. In the

metropolis, the amount of hospital accommodation set apart for this class of diseases is at present utterly inadequate, There is no reason why some of the large Government hulks at such places as Portsmouth, Plymouth, and Chatham should not be utilised for these purposes. The amount of hospital accommodation would require to be large at first, but it could be rapidly diminished as progress was made. The evil is confessedly great, and we must not shrink from making a strong, and above all a combined effort to grapple with it effectually. We therefore heartily wish the Association, which has been formed for promoting this object, every success.

WE are led, in a somewhat indirect and unexpected manner, to return to the consideration of the mode in which a reform of medical education may best be effected. The speech of Mr. QUAIN, at the recent presentation of a well-deserved testimonial to him by his numerous former pupils at University College, contains some pointed references to this matter which cannot well be passed over. Under ordinary circumstances, the address of an old teacher, acknowledging the grateful homage of pupils who are conscious of benefit from his instructions, is not remarkable for anything but kindly feeling, and those decent platitudes which come naturally from a man who feels that he has done his work in the world, and need not bother his brain with any more thinking. Mr. QUAIN'S address is quite different from this. He has taken the somewhat unusual step of descending, in the course of a speech which according to precedent would have been a mere formality, into the arena of controversy. We have no right to object to this; but it becomes necessary, in view of the important subjects touched upon by Mr. QUAIN, to notice his arguments. The speech was in fact, though not formally, a reply to the most material portion of Mr. SIMON'S masterly appeal in favour of an improved system of medical education; that portion, namely, which insisted on the necessity, before all things, of increasing the stringency of examination tests.

Mr. QUAIN argues that to increase the severity of examinations is of little use, and that we must look to a higher standard of teaching in the various medical schools to effect real improvement. He supports this argument by a specific instance which, as it appears to us, is very far from bearing out his views. As Mr. QUAIN'S position at the College of Surgeons—one of our principal examining bodies, and the one, perhaps, whose standard of examination has been more severely criticised than that of any other similar body—makes his declared opinions extremely influential, we feel bound, with all deference to his very high authority, to insist that the value of his argument from analogy shall be carefully tested.

The case on which Mr. QUAIN elects to fight the battle of improved teaching as against more stringent examinations is the now historical one of the origin of the University of London. Mr. SIMON had justly referred to the examinations of that University as supplying the best model in this country of the kind of tests which ought to be applied to the candidates for licence to practise. Mr. QUAIN replies (not formally, but by implication) to this plea for a similar strictness in the examinations of all licensing bodies by describing the origin of the London University system. He affirms (what is doubtless strictly true) that the elevated ideas as to medical education which, as it were, culminated in the establishment of the University of London in its present form, and with its very high standard of tests, really proceeded from the governing body of a school—the Council of University College.

But we cannot follow the logic of Mr. QUAIN'S general inference, that the work of reform in medical education must be entirely initiated by the teachers of the schools. The concurrence in the Council of one educational establishment of a number of men so remarkable for intelligence and for broad and sound views on education as the gentlemen who formed the Council and the professorial staff of University College in its palmiest days, is not to be hoped for except as a most occasional and fortunate accident. All experience shows that under a system where little is required by examining boards, little will be given by the average run of teachers. No doubt it was the knowledge of this very fact which led the University College professors, themselves conscious of a higher aim and more enlarged views, to insist that the examinations of the new University should be made really and severely testing.

As Mr. QUAIN is, we believe, one of the very men to whom the whole profession has to pay its acknowledgments for the great benefit conferred by the establishment of the University of London, we feel the less scruple in opposing his views. Looking at other teachers, and at the capabilities of other schools in the light of an altogether exceptional instance, he has, we think, reached an entirely false conclusion. And, on the other side of the question, his speech greatly underestimates the power of examination-tests to prove a man's real knowledge. It is a mere abuse of language to speak of stringency of examination as an encouragement to grinding. Mr. QUAIN ought certainly to know that there would be no difficulty whatever in devising an examination which should make it utterly impossible for any man to practise the profession legally who had not studied it in the most thorough and practical manner. We promise Mr. QUAIN—if he insists on doubting it—to devise such an examination scheme in a week. And there is not the smallest shadow of a doubt that, if this degree of stringency were known to characterise the examinations for a licence to practise, students would only resort to those schools where they were sure of obtaining just this kind of sound and practical instruction. Examinations in dissection, in operative surgery, in clinical medicine at the bedside, in practical chemistry and microscopical pathology, properly varied, and extended over a sufficient number of days, would form a kind of test of the real efficiency of candidates which it would be found impossible to slip through by any mere process of learning by rote; and the strong probabilities of failure would soon extinguish this class of pseudo-students altogether.

Medical Annotations.

"Ne quid nimis."

HOSPITAL RATING.

A MEETING of the treasurers and other gentlemen interested in the charities of London was held at Guy's Hospital on Monday last, to consider a draft Bill to be proposed to Parliament, the object of which is to exempt the charitable buildings of London from assessment for poor-rates. The Bill includes all the charities of London, and hence will embrace

many institutions which have really very little of the charitable element in their composition, being too often the results of efforts of the most injudicious and even objectionable description. As far as the great public hospitals of the metropolis are concerned, we believe that their exemption is only fair and just, seeing that they actually relieve the parish rates of vast numbers of the parochial sick poor; and had the Bill been framed simply to include such institutions, no difficulty would have been experienced in carrying it through the House. Whilst, however, it is the fashion for enterprising philanthropists to secure one or more private houses in good situations, to knock down the partitions, and dub these places hospitals, it is too much to expect parochial authorities to hold them exempt from rates and taxes.

THE MAURITIUS.

THE fever, we learn, is increasing, and it is feared will continue to do so. There seems to be very little doubt that the main source of the disease is of malarious origin. As this depends almost entirely upon local conditions of soil and climate as opposed to personal causes, we cannot expect that any change will ensue until some extensive measures of drainage have been carried out. The soil about the low-lying districts has become laden with moisture charged with organic matters, and the evaporation taking place during the warm weather in such a climate as that of the Mauritius is a fertile source of malarial emanations. The temporary improvement in the health of the inhabitants corresponded with the cold weather, when the evaporation from the soil was necessarily reduced to its minimum.

Under these circumstances we should be glad to know how it was that the 86th Regiment has been sent to this station at all. If imperial interests demanded the presence of another regiment, common sense would have indicated that the troops should have been encamped, immediately on arrival, on an elevated plateau or other non-malarious locality. As it is, we learn from Port Louis that several men, women, and children have been already prostrated from the effects of the fever. The regiment had been detained at the Cape for seven months on account of the epidemic at the Mauritius. On its arrival, as the fever was again increasing, it was at first determined that it should not be landed, but the sanitary reasons which weighed so strongly one day were set aside on the next, and the regiment was disembarked.

The health of the soldier, and the welfare of nearly a thousand persons, really ought not to be sacrificed in this way without some one being made responsible.

WATER-SUPPLY OF LONDON.

WE have received a communication from Mr. A. S. Ormsby, C.E., in reference to the water-supply of London, for which he has a project to utilise the rainfall in such a way as to avoid the use, for potable purposes, of water which has become liable to contamination in the ordinary sources of supply. We have already given (THE LANCET, June 1st, 1867), full details of Mr. Ormsby's plan, and it is therefore unnecessary to print his letter *in extenso*; but, as the subject is one of the utmost importance, it is only right that such additional particulars as may be essential to a correct conception of the plan should be stated here.

It will be remembered that we remarked on the absence of any estimate of expense from Mr. Ormsby's original pamphlet; that was subsequently supplied, and was stated to be £4,800,000, which is put in comparison with "twenty-five millions for water from Cumberland," and "twenty-two millions for water from Wales." Now, speaking quite impartially, we submit that this comparison is not a fair one. So far as we understand their published projects, both Mr. Hemans and Mr. Bateman include in their estimates the cost of purchasing the interests of the existing Water Companies, which is clearly left out of Mr. Ormsby's calculation. Further, that gentleman proposes three separate services, viz.:—*first*-class water that shall be analytically pure, and be used exclusively for drinking and cooking, the required quantity being estimated at 1½ gallons per head per diem, "which, not being required at a high elevation, need not be delivered at high pressure;" *second*-class water, to be taken from rivers, wells, springs, or lakes, for delivery at low pressure, for washing, bathing, and manufacturing purposes, the estimated requirement being about 7 gallons per head per diem; *third*-class water, to be pumped up from the river, sea, or other common source, into a high-service reservoir for the supply of water-closets, fire-mains, fountains, flushing sewers, and watering streets, these requirements ranging from 15 to 58 gallons per head per diem. The question here arises: does the estimate of £4,800,000 cover only the first, the first and second, or all three services? If only the first, then, reasoning arithmetically, and assuming that, although the smaller quantity might be "analytically pure," the larger quantity would be at any rate as pure as the present supply, it is difficult to see how the ratepayers would benefit to a greater extent by paying at the rate of 4½ millions for 1½ gallons, than by paying 22 or 23 millions for more than 30 gallons per head per day. It may be that the *second* and *third*-class water might be had at a sufficiently cheap rate to compensate for the relatively high price of the water of the *first*-class. These, however, are financial questions which do not come within our province: we have merely thrown out suggestions which Mr. Ormsby will no doubt be fully prepared to deal with in due course. We have only to do with the several projects for giving an improved water-supply to the metropolis, in so far as they are likely to affect the public health, and in this view we desiderate of course the best quality of water that can be obtained. We have before expressed our concurrence with Mr. Ormsby's views as to the superior purity of rain-water if properly collected in the open country at a sufficient distance from town to escape atmospheric pollution; and we have no reason to doubt that Farnham or Salisbury Plain would be excellent sites for collecting grounds. We may also agree that it is an extravagant waste of a precious commodity to use water "analytically pure" for any but potable purposes; and, knowing the danger frequently arising from making the same cistern or receptacle the common source for watercloset and drinking purposes, we could not possibly object to a plan which would make those sources entirely distinct and separate. We have pointed out previously what appeared to us objections which might and would, in all probability, be raised by one set of authorities or another to the financial and constructive elements of Mr. Ormsby's plan; but, if he can surmount these, and give us water to drink free from all suspicion of contamination, we shall very thankfully accept the boon, confident that thereby a very fertile cause of disease will have received its death-blow.

In conclusion, we trust that Mr. Ormsby has well considered and is prepared to meet the difficulties of a duplicate service in the dwellings of the lower classes, who would, we fear, in too many instances be inclined by habit, ignorance, or carelessness, to use the pure and the impure water taps indiscriminately.

RECEIPTS AND EXPENDITURE AT THE ROYAL COLLEGE OF SURGEONS.

WE have reason to believe that a motion will be brought forward at the meeting of the Council of the College of Surgeons, on Thursday next, having for its object the appointment of a committee of inquiry into the financial position of the College. An institution which possesses only a small and steadily decreasing amount of funded property, and which is dependent for its income upon the number of diplomas issued annually, has nothing less than bankruptcy staring it in the

face when that source of income also steadily declines, whilst its expenditure is actually on the increase.

We have already in these columns (THE LANCET, Nov. 2nd, 1867) analysed the College accounts as they appear in the last Calendar, and we do not propose therefore to trouble our readers with them again; but we wish to call the attention of the Council to a few items of expenditure, the consideration of which will, perhaps, facilitate the appointment of the suggested committee.

The "College Department" figures for no less a sum than £2403 14*s.*,—i.e., double the amount of the dividends on funded property, and nearly equal to a third of the gross fees received for the diplomas of members! Of this sum, £1293 12*s.* is expended in salaries and wages, and £1110 2*s.* in "coal, gas, burial of subjects, firewood, candles, oil, printing, engraving, advertisements, postage-stamps, extra assistance, &c." We would venture to suggest to the Council that eleven hundred pounds is a good deal to expend annually in such matters, giving even the widest interpretation to the "&c.."

The item "Pensions" figures for close upon £500 in the last published College accounts. This is a large sum, considering that Mr. Belfour, the late secretary, is no longer living, and is a matter deserving of investigation. We hold that the Council for the time being has no right to burden the funds of the College for an indefinite period, except upon the very strongest grounds,—such as weighed with them at the time of the death of the late Professor Quekett.

THE ODONTOLOGICAL SOCIETY.

AT the last meeting of the Odontological Society of Great Britain, which may be considered to represent the dental profession in the persons of its leading members, Mr. Oliver Chalk, M.R.C.S., who is well known to have devoted great attention to surgical strumous diseases, read a paper entitled "The history of a case of scrofulous necrosis of the entire right half of the lower jaw, with removal, subsequent regeneration, and formation of teeth in the new bone, with other cases of a similar nature." The object of the paper was to support a view previously promulgated by Mr. Chalk, but opposed by Mr. Tomes and others, that when redevelopment of the maxilla takes place, as is so frequently seen after the occurrence of necrosis, a new development of teeth is possible. The cases and specimens brought forward in support of this view were four in number, and were examples of necrosis of the jaw in children, with more or less repair of the lost bone, and the subsequent appearance of certain permanent teeth. As pointed out, however, by some of the speakers who took part in the discussion, the subsequent appearance of permanent teeth was no proof of their redevelopment, unless it were conclusively shown that they had been previously shed in an imperfect condition. We can hardly imagine that physiologists will be inclined to coincide with Mr. Chalk's ingenious suggestion of a new development of teeth, but will rather agree with the explanation of the phenomena offered by Mr. Tomes in his "Manual of Dental Surgery" (p. 75):—"The connexion between the walls of the crypt and the sac of the developing tooth-pulp is in the normal state but a slight one; and this in the character of cases referred to, may be rendered still more slight by the presence of disease. Now in the presence of the foregoing conditions it is not improbable that the pulps of the permanent teeth remain attached to the soft parts, while the crypts included in the sequestrum were removed; and, if such were the case, the developing teeth might again be surrounded by newly-formed bone."

ABYSSINIA.

ACCORDING to the reports which we have received from our medical correspondents, matters are progressing very favourably. Two piers at the point of debarkation are in process of completion, Normandy's condensing apparatus have been fixed, and the American pumps at Komaylie are working effectually in supplying water, so that we may reasonably hope this essential to man and beast, particularly in the hot lowlands, will not be the very costly matter that has been stated.

The sanitary condition of the camp is good, and the field hospitals are already in fair working order. At one time the base of operations at Annesley Bay was beginning to assume, from want of proper organisation, anything but a satisfactory state, which might have been productive of serious consequences. An Oriental encampment in the hot, moist climate of the littoral in that latitude, with thousands of men and cattle, every day adding to their numbers, and a deficient water-supply, will require unceasing vigilance to maintain a good sanitary condition. Disease, if it once appear at this point, will be liable to contaminate both the land route and the shipping. The commissariat officers were working very hard, but were much hampered for want of subordinates.

The transport arrangements are much complained of; but the responsible head of the land transport has had no easy task to perform in organising the heterogeneous crowd of muleteers and camel-drivers, composed of anything but the best specimens of the races dwelling on the coasts of the Persian Gulf, the Red Sea, and the Mediterranean. We have always regarded the transport as *par excellence* the difficulty of the campaign; and everything hinges on an efficient system of transport for preserving the health of the force, which has so far been excellent.

One of our correspondents dwells on the striking contrast which has been manifested in the liberal equipment of the hospital-ships, as compared with the meagre condition of the medical stores of the Bombay army.

THE REV. MR. SPEKE.

IN a very interesting and incisive piece of criticism published in the *Spectator* regarding the mystery of Mr. Speke's disappearance, we find a suggestion which is not infrequently made by persons ignorant of the action of chloroform. Supposing Mr. Speke to have been decoyed into a cab by any of the various devices which have been mentioned, and then put under the influence of chloroform, says our contemporary, all would be explained.

Now, it is a difficult thing at any time to bring an individual under the influence of chloroform against his will, and particularly an athletic person such as Mr. Speke is described to be. It is exceedingly improbable that anyone for criminal purposes would use an agent like chloroform, which would infallibly cause considerable struggling, and consume a good deal of time before it induced insensibility. It is simply a delusion to suppose that this agent can be employed for the purposes of robbery, &c.; its administration under such circumstances would be attended with infinitely greater difficulties than the brute-force expedients which would be used by powerful and determined ruffians.

THE CLUB QUESTION.

AT the last meeting of the Birmingham Committee on Friendly Societies, the following declaration was adopted, and a canvassing sub-committee appointed to procure signatures.

"The undersigned members of the medical profession practising in this town and its suburban districts hereby declare their agreement with the principles laid down in the report unanimously passed by the Birmingham and Midland Branch of the British Medical Association in December, 1867—that 5*s.* per head per annum should be the minimum payment received by the surgeons of sick assurance societies.

"They pledge themselves not to accept any *fresh* appointments as surgeon to a club at a less payment than the above; and they further bind themselves from the date of this document not to become candidates for, or to allow themselves to be elected to, the office of surgeon to any society that may

become vacant owing to the resignation or dismissal of the surgeon on the question of remuneration at the above rate.

"They, finally, hereby pledge themselves to withhold their professional sanction and countenance from all members of the medical profession in this district who deviate from these rules."

The sub-committee have been most successful in obtaining the adhesion of their brethren—indeed, some 120 names were appended to the declaration during the first three days' canvass. Every medical man in Birmingham or the neighbourhood should at once avail himself of the opportunity of giving strength to this important movement. The great aid which the consulting physicians and surgeons can give to this effort to improve the position of the medical officers of friendly societies should be freely afforded, in order that the public may learn once for all that, on this question of remuneration, there is the strictest unanimity in all ranks of the profession.

LIME-JUICE.

THE operation of the Duke of Richmond's Act has caused much commotion among the provision merchants of Glasgow and Liverpool, much of the juice submitted for official inspection at these ports having been declined. The adulteration of these juices has indeed been carried on to so large an extent at many of our outports, that providers of small stores for merchant-ships open their eyes with astonishment when it is found that juice of comparative purity fails to pass muster. We are allowed to state that no official preference is acceded by the Board of Trade to home-pressed unripe fruit-juice over foreign juice, and that juice pressed from ripe or unripe fruit will, if good and fine, exceed the standard used by the Government inspectors. It is right that the public should know this, for the inspectors hitherto appointed have worked hard and earnestly to carry out in a fair and liberal spirit the provisions of the Act.

HARVEIAN SOCIETY.

A DEBATE on the action of drugs took place at the meeting of the Harveian Society on Thursday week. It was commenced by Dr. Fuller, who opened the discussion by remarking upon the prevalent fashion of decrying all faith in the virtues of medicine, and trusting entirely to the *vis medicatrix naturæ*—ascribing this failing to the reaction upon the old system of drenching the patient with physic. Dr. Fuller entered at some length into the virtue of drugs, and moved for a committee to investigate the subject. The committee, which was subsequently appointed, consists of Drs. Fuller, Hickman, Broadbent, Tilbury Fox, Hare, Handfield Jones, Morton, Pollock, Sanderson, and Sieveking, and Messrs. Ernest Hart, Curgenven, and W. Sedgwick, with power to associate with themselves any therapeutist of repute. The various speakers, including Dr. C. J. B. Williams, referred our want of trust in, and failure with, medicine to our ignorance of the natural history of diseases, the impurity oftentimes of drugs, the imperfection in diagnosis, and the inappropriateness or insufficiency of the dose given.

THE WOUNDED GARIBALDIANS.

GARIBALDI has written a letter severely commenting upon the treatment of his wounded followers in Rome. The correspondent of the *Standard*, however, states that out of 175 prisoners taken at Mentana and Monte Tarioli about 50 have died in the hospitals of Sant' Onofrio and Sant' Agata, and that this proportion is almost identical with that in the case of the Zouaves engaged in the same combats as the Garibaldians; moreover, that every care has been bestowed upon the wounded in the hospitals at Rome. Amputations have in most cases not been followed by good results, but this is accounted for by the climate and unhealthy season. Several English noblemen and surgeons have visited the hospitals, and appeared satisfied with what they saw.

THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

LAST week we gave a report of the quarterly meeting of this useful society, which is now one of the established centres of united medical action. Three objects, among those which were referred to by various speakers, appear to us to claim the earnest support, not only of every Poor-law medical officer in the kingdom, but also of the whole profession, since they are essentially connected with the respectability and honourable practice of parish medical officers, which it is the direct interest of every medical man to promote. The first of these is the promulgation of a rule by which the permanency of parochial medical appointments, during good behaviour, shall be secured; and we sincerely trust that the medical officers throughout the kingdom will unite to insist upon this, which is the only possible guarantee that can be devised for affording reasonable independence of action, and self-respect, to workhouse and parish surgeons. The second is the enforcement of the rule that medicines shall not be supplied by the medical man. In London, if Mr. Hardy's promises when he brought in his Bill had been performed, the whole of the expenses on this score would have been placed in a common fund spread over the metropolis, and it was justly hoped that this experiment would succeed, and that its success would induce the Government to apply it to provincial districts. The third object (which was also the subject of misleading promises from Mr. Hardy) is the placing of the salaries of medical officers upon a uniform scale, and defraying them from a common fund, which would prevent the extreme meanness and parsimony with which certain Boards of Guardians treat their surgeons. While these three objects remain unachieved, we cannot understand how parish medical officers can enjoy any satisfaction of mind. The present state of things with regard to these matters is degrading, and experience proves, what otherwise is obviously inevitable, that a lowering effect is produced both on the social and the scientific position of the Poor-law medical service throughout the country.

THE PRINCESS OF WALES.

GOOD progress towards recovery has been made by her Royal Highness during her visit to Sandringham, which has extended to three months. The Princess is now able to walk without the aid of a stick, and an ordinary observer would fail to perceive any remaining lameness.

ARMY AND INDIAN MEDICAL SERVICES.

THE competitive examination for candidates for the Army and the Indian Medical Services has been taking place this week. These examinations are at length beginning to resume their true competitive character. There was a sufficient number of candidates for both services. The vacancies were, we believe, in all, 40; for which 52 competed.

"THE LONDON STUDENT."

THE proposed new magazine, which is to be devoted to the subject of education in its widest sense, and is intended to be a link of connexion between the different London colleges, is likely to appear shortly under the editorship of Professor Seely, Dr. Headland, and Mr. J. W. Hales. Each number will consist of sixty-four pages, Messrs. Churchill and Sons undertaking the publishing.

ANATOMICAL MUSEUMS.

WE must direct attention to a powerfully written article in our contemporary, the *Tomahawk*, on a matter which is simply an outrage on decency and a disgrace to our legislation. We need not add that we refer to the so-called "museums"

exhibiting loathsome objects, set off with high colours and other artistic exaggerations, which can have no other effect than that of instilling fears in the mind of the observer, and most probably at the expense of his pocket. We hope the attack of our contemporary may attract as much attention as have his very original and powerful series of sketches embodying the vices, crimes, and social and political immoralities and anomalies of the present day. We have repeatedly directed attention to the scandal. The combined power of the press is only needed to crush the evil effectually, by compelling our legislators to interfere. If the *Tomahawk* succeed in cutting away this foul blot from society, it will prove a more effective weapon than the *Lancet* in this matter, and will deserve the hearty thanks of every right-minded individual.

THE SHEFFIELD GUARDIANS AND THE VACCINATION ACT.

THE Sheffield Board of Guardians deserves honourable mention, not only for having appointed a public prosecutor under the Vaccination Act, but for not having a man in it to second the absurd proposal to rescind the appointment as soon as it has been made. There must be a Mr. Jackson, we presume, on every board, or at least in every town. All we can hope for is that his resolutions should have no seconder. Mr. Jackson, and men like him, have always a great number of vexed questions on hand. And among them they group vaccination. He hoped "the board would not push vaccination in folk's faces." It is small-pox, we would remind Mr. Jackson, that pushes itself into "folk's faces," and ofttimes into their very eyes, till the light and the sight of them are extinguished. Vaccination is content with a quiet, unseen bit of the arm. Nobody would press vaccination if it were not for the ugly habit that small-pox has of pressing itself upon human beings. Absolute liberty would be the finest thing, and we would willingly suffer Mr. Jackson to have the small-pox if his having it did not involve other innocent and sensible people having it too. This is the dilemma about which all sensible people have made up their minds. "Of two evils choose the lesser." If we must have vaccination or small-pox, by all means let us have vaccination. And let all boards of guardians follow the example of the Sheffield Board.

THE PREMIER'S HEALTH.

A RECENT article in the leading daily journal has excited some anxiety on the part of Lord Derby's friends, who fear that his recent attack of gout must have had a more serious effect upon his constitution than was imagined. We are happy to learn, on the best authority, however, that the noble earl has made progress towards convalescence with average rapidity, and that the recent attack, though severe, has left no special sources of anxiety in its train. Lord Derby is still at Knowsley, under the care of his ordinary medical attendant, and though Dr. Garrod's services were invoked at an early period of the attack, it has not been found necessary to summon him again to the distinguished invalid.

THE SICK LEAVE OF INDIAN MEDICAL OFFICERS.

FOR some unaccountable reason, Sir John Lawrence has refused to medical officers the same conditions of sick leave in England which are granted to other regimental officers. The *Delhi Gazette* says :—

"Other officers may go to England on sick certificate, and indeed go for twenty months, and return to their homes in India—their regiment; but Sir John Lawrence rules that, *regimental medical officers proceeding to England for twenty months on sick leave are not to return to their charges.*"

Why this eternal difference between medical and other officers? Is there any reason why the medical officer should not have a change of climate for health purposes on the same terms as other officers? Rather than come home on the terms of losing regimental connexions, men prefer not to come home, but to take their leave in India, where they can do it on half staff pay without being removed from their regiment. But the regulation of Sir John Lawrence is cruel, and if it is designed, it is contemptibly cruel. Such regulations account for our information that the utmost dissatisfaction obtains in the Indian Medical Service—that its most experienced members are leaving as fast as they can, and at such a rate that in ten years there will hardly be one of the old service left.

DR. CHRISTISON'S name has been freely mentioned in Edinburgh in connexion with the Principalship of the University. It has also been suggested that, if Dr. Christison were to become Principal, Dr. Maclagan should be removed from the Chair of Medical Jurisprudence to that of Materia Medica, and Dr. Littlejohn replace Dr. Maclagan. There are several candidates spoken of for the Moral Philosophy chair, amongst them Prof. Shairf, of St. Andrews, and Dr. J. H. Stirling, F.R.C.S., LL.D.

FROM a descriptive account of the General Post-office and its machinery, which appeared in *The Times* of the 7th inst., we learn that attempts are sometimes made to burden the department with very odd articles—a limb for dissection having been not long since discovered by its smell, and rejected. As illustrative of the superstitious ignorance which may be met with in these enlightened days, it is recorded that letters are continually being received at the Post-office begging the Secretary "not to return any more *dead* letters, as they bring death into the house." Referring to the fact that the newspapers detained from various causes, amounting to five sacks a week, are all torn up, and sold for waste paper, *The Times* suggests that "a few of them would be well distributed if sent to our poorhouses, and other charitable institutions, where the poor inmates have so little to cheer them in their often enforced idleness."

WE understand that Dr. Octavius Sturges and Dr. John Cavafy are candidates for the vacant Assistant-Physiciancy at the Westminster Hospital. Dr. Sturges graduated at Cambridge, and was for a time medical registrar at St. George's Hospital. Dr. Cavafy, also, was educated at St. George's Hospital, and graduated with honours at the University of London. The latter gentleman has, we believe, the support of the majority of the medical staff of the hospital, but the election depends upon the votes of the governors.

THE nomination of candidates for the vacant office of coroner for West Middlesex is fixed to take place at Brentford on Wednesday next at 12 o'clock, and the polling at Brentford, Uxbridge, and Hammersmith on the following Friday. Three gentlemen put in an appearance at the sheriff's office to settle preliminaries, Dr. Hardwicke, Dr. Diplock, and Mr. Walter. It is clear that the latter gentleman counts upon the division of interest caused by the non-retirement of one of the medical candidates.

DR. HENRY PIERS, staff-surgeon R.N., has been appointed to succeed Dr. Nelson at the Melville Hospital, Chatham, and is succeeded on board H.M.'s ship *Wellesley* by Dr. Andrew Murray, R.N. Dr. Piers served as an assistant-surgeon on board the *Investigator*, one of the ships of Sir R. M'Clure's Arctic expedition, and spent five years amid Arctic snows. Dr. Murray served in the Atlantic telegraph expedition of 1858, and received one of the gold medals struck to commemorate the occasion.

THE Secretary of State for India has publicly notified that, among other sums in his hands for distribution among the

next of kin of deceased officers and soldiers, he holds no less than £430, the property of Surgeon-Major Henry Cape, deceased, late of the Bengal Medical Service. We notice the fact in order to attract the attention of any members of the profession who may be acquainted with a relative of the deceased officer.

THE mortality in the eight principal towns of Scotland during January was considerably below the average for the season. The deaths of children under five years of age contributed 41 per cent. of the total mortality, this proportion being exceeded in Dundee, Glasgow, and Greenock. Zymotic disease caused 20 per cent. of the mortality, a rate which was surpassed in Paisley and Leith from the prevalence of scarlatina, in Greenock from scarlatina and whooping-cough, and in Perth from measles and typhus. The large quantity of twelve inches of rain fell at Greenock during the month; nearly eleven inches fell at Glasgow, and nine inches at Paisley and Perth.

THE following is the list of officers proposed by the Council of the Medical Society of London for the ensuing session:—President: Dr. B. W. Richardson, F.R.S. Vice-Presidents: Dr. Buchanan, Dr. Andrew Clark, Mr. Gay, and Mr. De Méric; and Dr. Sansom, in place of Dr. Abbotts Smith, as Medical Secretary. The silver medal has been awarded to Mr. Peter Marshall, who retires from the post of treasurer, and is succeeded by Mr. Rogers Harrison. The anniversary dinner is fixed for Monday, March 9th.

A MEETING of the Committee of Graduates formed some time since to promote the return of Mr. Lowe as member of Parliament for the University of London, was held at Freemasons' Tavern on Tuesday last. Mr. Lowe's reply to the invitation that he would be a candidate was received with special expressions of satisfaction; and the meeting pledged itself to use every endeavour to secure his election.

A NEW American "Journal of Obstetrics and Diseases of Women and Children" is about to be published. It will be edited by Dr. E. Noeggerath, physician to the German Hospital and Dispensary, and Dr. B. F. Dawson, assistant to the Professor of Obstetrics in the College of Physicians and Surgeons. The journal will appear on May 1st, 1868, and be continued quarterly. It will consist of ninety-six pages, and contain original articles, reports of societies, hospitals, lectures, and a complete review of foreign and domestic literature of the above subjects. The publishers are Messrs. Moorhead, Simpson, and Bond, 60, Duane-street, New York.

DR. BRISBANE, of Galashiels, had last week presented to him, by a number of friends and patients, a gold watch and pencil-case, on the occasion of his leaving that place to practise his profession in London. The presentation took place at the Commercial Hotel, and the proceedings were highly gratifying.

IT is calculated that, by the improvement in the drainage of Worcester, and the introduction of a better water-supply, 400 lives may be saved every year, and no less than 8000 illnesses; whilst the mortality could be readily diminished from 27 to 17 per 1000. This would represent a saving of £10,000 a year.

THE annual meeting of the members of the Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland was held on the 6th inst. Dr. T. H. Purdon occupied the chair. The report of the proceedings of the past year showed a progressive improvement in the affairs of the Society. The meeting appointed as a committee and officers for the current year the following gentlemen:—Dr. Patterson, Dr. James Moore, Dr. Drennan, Dr. Ferguson, Professor Cuming, M.D., Dr. W. Arnold, and Dr. Whitaker, as town members of the Committee of Management; and Dr. Filson (Portaferry), Dr. Musgrave (Lisburn), Dr. Spearing (Antrim), Dr. Ross (Ballymena), Dr. Malcolmson (Banbridge), and Dr. Keown, R.N. (Sydenham), as country members. Dr. Browne, R.N., and Dr. Stewart were re-elected treasurer and secretary respectively. Dr. James Moore was requested to continue his important aid as visitor. After some further business had been transacted, the best thanks of the Society were voted to the Press, and to Dr. T. H. Purdon, the permanent president, for his continued munificent donations and subscriptions, and the lively interest he took in furthering to the utmost the benevolent objects of the Society.

A MEMORANDUM, setting forth the claims of the St. Andrews medical graduates to the franchise, has just been submitted to the consideration of the Chancellor of the Exchequer.

THE Contagious Diseases Act having been extended to Windsor, the Secretary of State for War has appointed Mr. Edward Pearl, of Windsor, to act as visiting surgeon under the provisions of that Act.

WARDS for the reception of patients suffering from infectious diseases are to be erected in connexion with the St. Austell Workhouse at a cost of £260.

THE QUAIN MEMORIAL.

ON Friday, the 7th inst., a meeting of former students of University College took place in the Botanical Theatre, presided over by Professor Russell Reynolds, for the purpose of presenting to the Council a marble bust of Richard Quain, F.R.S., Emeritus Professor of Anatomy, to be placed in the library of the College. Upwards of one hundred gentlemen were present. The list of subscribers amounted to upwards of two hundred and fifty. Dr. Jenner was treasurer, and Mr. B. Hill secretary, to the Fund. The subscribers include Dr. Jenner, Dr. Parkes, Dr. Laycock, Dr. Harley, Dr. Hare, Dr. Russell Reynolds, Dr. Mouat, C.B., Professor Erichsen, the Master of the Mint, Mr. Graham, Mr. Berkeley Hill, and many other distinguished students. From the provinces, we noticed at the meeting Mr. Hey of Leeds, and Dr. Carr of Blackheath, besides many other well-known *alumni*.

The bust was severely criticised, many contending that it was very unlike the original. Our first impressions of it were unfavourable, but it grew in our estimation, and after a lengthened examination we came to the conclusion that it might have been a much less successful representation of him whose name it will help to transmit to posterity. On Mr. Quain's entering the theatre he received an ovation.

A letter was read from Mr. Grote from the Council of the College, expressing the satisfaction they felt in receiving the bust.

Professor REYNOLDS then said: Gentlemen, on every ground but one I regret very deeply the absence to-day of my colleague, Dr. Jenner; for to him—if it had been possible for him to be here—would have been granted the position which I know he much wished to fill, and which I now occupy. Deep, however, as is my regret for your sake, I cannot but feel very gladly proud for my own, in that this unavoidable absence has enforced upon me a pleasure and an honour which were wholly unexpected. I have to-day, in the name of the subscribers to "The Quain Memorial," to present to the Council of this College the bust of our highly distinguished Emeritus Professor, with the request, which I know is granted, that it may occupy its appropriate place among the marbles of this College—among those marbles which, growing in number as the years pass on, show that, young as our College still is, and with the expectation of a noble future as its richest possession, it even now can boast of a past history made great by the works and lives of those who have taught

within its walls. To us, as medical men, the name of "Quain" marks an important stage in one of the groundworks of our science and our art. "Quain's Anatomy," over which students on the one side of the College of Surgeons groan, has been and is the book over which practitioners and students on the other side of that formidable body—not yet, perhaps, thoroughly dissected or explained—rejoice; and they do so because it has been, and yet is, the most thorough and the best-arranged account of the whole subject with which they have to deal. Those who know that book the best know how much of its lasting value is due to the work of that gentleman whom we to-day meet to thank for all the ease which we now receive from his toil. But there is a yet greater work with which the name of Quain will be associated so long as the human body is an object of interest to the anatomist or of care to the surgeon. "The arteries" of the human body received at the hands of our late Professor an earnestness of examination and a faithfulness of description, both in their usual and unusual courses, such as had never before been approached, and such as can never be hereafter surpassed for either carefulness or truth. We may place the bust of Mr. Quain upon a pedestal in the museum of this College, and we are about to do so with affectionate respect; but, in so doing, we only represent, with feebleness and distance of approach, the high position, the far higher column, upon which the name of Quain is already engraven by the whole scientific world. Yet further, Mr. Quain has been connected with our hospital from its foundation until now—for we still number him among the members of our staff, although he has retired from the active duties of the Holme Professorship of Clinical Surgery,—and during the whole period of that professorship, and throughout the many years that he has here practised and taught, he has earnestly devoted himself to the students of our school. He has constantly placed before them the example of fidelity, of caution, of earnestness, of kindness, of punctuality, of knowledge, and of skill; and the student, while witnessing these great qualities in the treatment of a patient, has never failed, if he sought it, to find in Mr. Quain a faithful adviser and a friend. And yet one word more. Mr. Quain has so directed his attention to, and employed his energies in, the improvement of medical teaching generally, that we now reap many and great advantages from his work. Those who remember the "introductory lecture" which he delivered in this theatre four years ago will bear me out in saying that in that discourse he displayed not only an entire mastery of the subject, but much more than this, the fact that he had already gained for us several of the points towards which his labours had been directed. It is because of these feelings, which I have attempted, not to describe, but to recall, that we have obtained this lasting memorial of our teacher and our friend, and we request you to accept it, and place it within the College walls. We ask this out of regard for the honour of our College, out of personal respect for and gratitude to Mr. Quain, with the wish to furnish for many years to come pleasant reminiscences to those who have had the advantage of his teaching, and with the hope that it may yield to those who will follow us the great help of a great example. And now I have the pleasure to present to Mr. Quain a list of the names of those who have wished thus to express their regard. Mr. Quain, it will, I am sure, be very pleasing to you to know that so many as 250 of your old pupils have herein enrolled their names. The list holds the names of your scholars, and of your scholars' sons; and there is no room for doubt—if the profession retains its present rapid rate of fertility, and you your present slow rate of growing old—that grandsons of your former pupils will come within these walls, and be able to see for themselves that the sculptor has not been unfaithful to his work. But for a selfish feeling I could wish that this pleasure had been entrusted to other and abler hands. You will, however, I know, accept through me this token of respectful regard, coming as it does from many who have known you longer, and who, by the nature of their special calling, may have been able to appreciate more highly than I, a physician, can do the great value of your teaching; but I yield to no one in either the heartiness with which I thank you as my former teacher, the sense of pleasure and honour which I have had for some few years in being your colleague, or the warmth of personal esteem with which I wish you every happiness.

Mr. QUAIN, in rising, was warmly cheered, and said:—Dr. Reynolds and Gentlemen,—I need not assure you how much and how deeply I feel this your expression of kindness to me; neither will I attempt to say what I cannot find words to utter: the feelings which fill my heart are the deepest of which I believe I am susceptible, neither am I insensible to the high honour which you have done me as your former teacher. I thought that a fitting time had arrived for me to retire from public duties and restrict myself to private practice. The duties of a clinical teacher are always laborious if they are to be effective; and I trust they will become still more arduous—that all medical officers may be clinical teachers, and all pupils daily workers under their instruction. Assiduous attention to this duty of teacher and learner is to my mind the great want of the time. By effective organisation of this kind it is that we may hope the healing art, strictly so termed, will be advanced as it need to be. There would be much of sadness to me on this occasion, since it has arisen out of my separation from the pupils of the hospital, but that the very nature of our pursuits keeps alive and active in the minds of the older and more experienced amongst us a yearning still to learn, still to add to his store of the means to remove or relieve disease. In that which is the most important part, the end, in fact, of all our labour—therapeutics, there is ever, there will ever be something still to acquire—a yearning for one fact more, fact after fact. It is that which to me causes an ever-enduring newness and freshness in the practice of surgery; and it is the same of medicine too. I have assumed other duties for a time—those of an examiner; and I have sought with others to introduce useful improvements in the examinations—useful to the pupil and to the public. Here, however, I would not be misunderstood, and I should be much misunderstood if it were supposed to be my opinion that the responsibility of making improvements in medical education, or the power to make improvements in the medical profession, so far as education tends to it, rested mainly on examining or licensing boards. Something of that kind I have seen stated in print at various times. I believe it to be entirely erroneous—indeed, a pernicious error. The truth I have no doubt is, that improvements in education must come from this College and such as this. It is from leading teachers that improvements have always proceeded, and always must proceed. A few facts which have come to my knowledge, or have been personally observed by myself, will show how this statement is borne out in the history of a single school, that in which we are now assembled,—and it will be more grateful to me, and in every way more becoming, to refer to your *alma mater*, rather than to anything more strictly personal. When I was a student of medicine this College was being built. As I passed along Gower-street I marked the scaffold-poles of this the commencing work. I read of the opening of this College while studying in Paris, and watched eagerly for reports of its progress in the newspapers. Eminent men who were the founders of this College saw even then how inadequate was the period required for medical instruction, when six months in one year and three months in another were thought sufficient to allow for attendance on lectures for the College of Surgeons, and six months for an apothecary—that is, a practitioner of medicine,—besides the apprenticeship (often well employed, more often ill employed) in the country. The council of this College deemed that three years was the shortest period permissible for medical study. It is now four years. The governing body of this institution were the first to appoint a separate lecturer on Physiology; and their example has, in course of time, become universal. The efforts of the founders of this College succeeded in carrying a vote in the House of Commons, in opposition to the Minister of the day, that a university should be founded in London for granting degrees. Observe, it is my part here to speak only of one place—this College; long the common bond of union between us. Of other institutions others, on occasion, will tell. When I recall all that has been done here within my own knowledge, I have full faith that the further improvements which will hereafter be made, and will still be constantly wanting, will emanate in good part from this College. Only so can its future be worthy of the past; only so can its future be worthy of the great men by whom, and of the great purposes for which, it was founded, and has been fostered. The examining boards ought not to lead, they follow after, the teaching in the schools. Nor are the regulations of such to influence materially the course of teaching in the schools. The professional teacher worthy of his position, devoting his time for a lifetime to his subject, strives to comprehend it all. He observes, he investigates, labouring to extend the bounds of knowledge. His views must be limited only by the extent of his science. He is not to be tied down by the regulations of examining boards. He must not be stunted into a tutor, or by whatever other less respectful name the functionary may be known who helps candidates to the examination. With his high views and practised skill he meets his pupils daily and month after month.

Compare the influence which such a person may exert with any that an examiner in an hour or two, or once for all, can exert. The real student, too, has higher aims than the mere pass at an examination. The examination is an incident in his course, and no more. Much difficulty is occasioned by new boards of general medical education, which demand proficiency in ten or twelve subjects, as well as skill in medicine and surgery. I do not know whether the members of the Council were ever young; whether they were born into the profession at ninety, or have short memories of what they knew at twenty-one. Indeed, they require an impossibility. The man of their standard of education must be a mere smatterer. I believe it to be best to attend thoroughly to three or four subjects. The student gains the ability to teach himself, and self-culture must go on even when he is in practice. I contend that real improvement must be marked out at the schools. There is nothing, there never will be anything, which can dispense with the need of progress here. As I have seen, and have striven to show, how improvement has been effected here in bygone days, so have I the faith that progress will still be made here. So only can the future of the College be worthy of the past; so only can the College be worthy of the great men by whom it was founded, and the great purposes they fostered; so only can the teaching be kept up to the level of the requirements of the times. Should any of you in after years, glancing at that thing of art lodged within the halls of the College, turn for a moment to the remembrance of the person whose effigy it is—the effigy which is a memorial of the kindness and generosity of many friends rather than of his merits,—so turning for a moment, I would fain hope that he might say, whatever else might be said, that he took a part in many useful works in the College. He thought that progress in improvement was necessary, and always would be necessary. So he always thought and taught. He held decided views as to the duties and the power for much good exercised by a professor in a large school.

AMENDMENT OF THE MEDICAL ACT.

WE are in a position to state that the number of public Bills in Mr. Hardy's charge at the beginning of the session precludes him from giving attention to the wishes of the Medical Council at the present time; but should the state of Government business permit, at a later period of the session, he would not be indisposed to assist the Medical Council in their efforts to obtain amendments in the Medical Act of 1858.

SMALL-POX AT WOOLWICH.

THERE is a very serious outbreak of small-pox in the Woolwich district, but at present its extent can only be approximately determined. About five weeks ago, 60 cases had occurred amongst the paupers alone, and in the subsequent weeks the fresh cases amounted respectively to 30, 30, 25, and, for the week ending February 12th, 40; the total deaths amounting to 15, or thereabouts. A calculation based upon the known number of cases under the care of several of the medical men of the neighbourhood, indicates that at the present moment there must be in and around Woolwich very nearly 300 persons stricken with small-pox under medical care. We state this as the result of our personal inquiry. It is asserted that the guardians have communicated with the Metropolitan Asylum Board, asking for special hospital accommodation, but we understand that the request has been refused.

POOR LAW DISCUSSION AT THE SOCIAL SCIENCE ASSOCIATION.

A VERY important meeting was held on Wednesday last in the Economic Section of the Social Science Association, to discuss the present state of the Poor-law administration. Dr. Stallard read a paper in which he showed by elaborate statistics that pauperism is enormously increasing, and that the unjust arrangement by which the heaviest burden of maintenance is thrown upon the poorest parishes, is daily becoming aggravated in its pressure upon society. He argued strongly for a larger and more timely administration of out-relief in many cases which are at present forced into the workhouse. He also strongly advocated the industrial occupation of the able-bodied, and the education of destitute children in a manner which should preserve them from the taint of pauperism. Great unanimity was exhibited by the various speakers who followed Dr. Stallard, in condemning the present boards of guardians as unfit for their executive offices. It was suggested by Dr. Anstie that nothing short of an entire separation of all classes of *helpless* paupers from the able-bodied, the maintenance of all the former on a national rate, and under special management, and the industrial occupation of the able-bodied poor at remunerative wages under the superintendence of the guardians, would effect a real and sound improvement in the administration of poor relief. Sir Harry Verney read a very interesting and important letter from Miss Nightingale, in which the principal recommendations of Dr. Anstie were supported; and after a number of weighty observations on the connexion between trades unionism, the state of education, and the production of pauperism, Miss Nightingale concluded by strongly urging agitation for a Royal Commission of inquiry into the whole subject. All the speakers, including the Chairman, Mr. Buxton, M.P., and Mr. Rawlinson, C.B. (distinguished for his valuable conduct of the Public Works Act in the Lancashire cotton famine) appeared to agree in the necessity of such a Royal Commission, and it is probable that a powerful agitation in this sense will be at once set on foot.

UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—I think you are hardly correct in saying that "Sir John Lubbock, who would have been a most desirable candidate in most respects, was too late in the field as an active candidate," since I ventured myself to bring forward his name at the very first meeting of the Liberal committee, and have, in conjunction with others, continued to urge his qualifications upon the constituency.

As lately observed in the *Pall Mall Gazette*, the University of London is fortunate in having three such men to choose from as Mr. Bagehot, Mr. Lowe, and Sir John Lubbock, by no one of whom, I opine, could it be otherwise than well represented.

On many grounds, however, independently even of the scientific eminence which should recommend him to the medical faculty, I give the preference to Sir John Lubbock. Over Mr. Bagehot he has the advantage of possessing a singular charm of manner and address, which could not be without effect in a popular assembly; while over Mr. Lowe, whose claims are without doubt very high, he has the advantage of holding more liberal and, I think, more just views of his fellow-men, especially of those belonging to the so-called working classes, whose intellectual advancement he is anxious to promote rather from a feeling of broad human sympathy than from any consideration of their position as our future masters.

I need scarcely say that the circumstance of the requisition to Mr. Lowe being signed by less than one-sixth of the constituency has not had a very depressing effect on the spirit of Sir John Lubbock's committee and supporters.

I am, Sir, yours, &c.,
WILLIAM ODLING, M.B., F.R.S.

London, Feb. 11th, 1868.

ALLEGED SMALL-POX AT CHARLTON.

To the Editor of THE LANCET.

SIR,—The report which has been circulated as to the existence of "some 600 cases of small-pox" is, as regards Charlton, altogether a fabrication. On inquiry, I cannot hear of a single case, and no fatal case has occurred throughout the whole parish since the autumn of 1863.

The report bore on the face of it such evident marks of exaggeration, that it failed to produce any alarm, which a milder statement might have done.—I am, Sir, your obedient servant,

ROBERT FINCH, M.D.,
Medical Officer of Health for Charlton.

Blackheath, Feb. 10, 1868.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 6th:—

Coles, Richard Mount, Rochester.
Lewis Charles, Woodland-terrace, Blackheath.

The following gentlemen also on the same day passed their first examination:—

George Richard Nunn, and Matthew Henry Laxton, Guy's Hospital; William Henry Cringle, London Hospital.

MEDICAL VACANCIES.

British Lying-in Hospital—Physician.
Hendon Union—Medical Officer for the Hendon District.
Royal South London Dispensary—District Surgeon.

MEDICAL APPOINTMENTS.

W. ALLARD, M.R.C.S.E., has been appointed Public Vaccinator for the Tewkesbury District of the Tewkesbury Union, Gloucestershire, vice J. H. Brown, M.R.C.S.E., deceased.

C. ASHENDEN, M.R.C.S.E., has been appointed Medical Officer for District No. 1 and the Workhouse of the Hastings Union, vice Frederic Ticehurst, M.R.C.S.E., resigned.

F. P. ATKINSON, M.D., has been appointed District Surgeon to the Royal South London Dispensary to visit Out-patients in the Lambeth District, vice C. Bevise, M.D., resigned.

B. BARROW, F.R.C.S.E., Senior Surgeon to the Royal Isle of Wight Infirmary, Honorary Surgeon to the Royal Victoria Yacht Club, has been appointed Honorary Medical Officer of Health to the Town of Ryde.

W. A. F. BATEMAN, M.R.C.S.E., has been appointed a Medical Officer to the Richmond Infirmary.

W. M'G. BURNS, M.R.C.S.E., has been reappointed Medical Officer to the Parochial Board of St. Quivox, Ayrshire.

F. CHAPMAN, M.R.C.S.E., has been appointed a Medical Officer to the Richmond Infirmary.

R. N. DAY, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Districts of Mutching, Harlow, Sheering, and Magdalen Laver, in the Epping Union, Essex, vice A. B. Thompson, L.R.C.P.Ed., resigned.

T. DUNCAN, M.D., has been appointed a Medical Officer to the Richmond Infirmary.

E. A. HART, M.R.C.S.E., has been appointed Ophthalmic Surgeon to the French Hospital.

J. C. HAYES, M.D., has been appointed Medical Officer to the Glin Union Workhouse, Co. Limerick, vice W. Hamilton, M.D., resigned.

L. JOYCE, M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Ballybay, Co. Monaghan, and Medical Officer to the Ballybay and Cremartin Constabulary, vice John S. A. Cuningham, M.D., deceased.

F. G. JULIUS, M.D., has been appointed a Medical Officer to the Richmond Infirmary.

Mr. J. LAMBIE has been appointed extra-temporary Assistant Medical Officer to the City Parish of Glasgow Poor-house and Parochial Lunatic Asylum.

H. LAWSON, M.D., has been appointed Assistant-Physician to St. Mary's Hospital, vice W. Markham, M.D., resigned.

P. H. M'KELLAR, M.B., has been appointed Assistant Medical Officer to the City Parish of Glasgow Poor-house and Parochial Lunatic Asylum, vice W. B. Hunter, M.D., resigned.

A. K. MAYBURY, M.D., has been appointed a Medical Officer to the Richmond Infirmary.

P. MOFFATT, M.D., has been appointed Medical Officer for the Dalston District of the Carlisle Union, Cumberland.

C. F. MOORE, M.D., F.R.C.S.I., Physician to the Cork-street Fever Hospital and House of Recovery, has been appointed Medical Inspector of Seamen for the Port and District of Dublin.

L. W. MORGAN, M.B., M.R.C.S.E., has been appointed Surgeon to the Llelty Shenkin Coal Company, Aberdare, vice D. Davies, F.R.C.S., resigned.

F. PAYNE, M.B., has been appointed Lecturer on Pathological Anatomy and Curator of the Pathological Museum at St. Mary's Hospital Medical School, vice H. C. Bastian, M.D., appointed Lecturer on Pathological Anatomy in University College, London, and Assistant-Physician to University College Hospital.

T. L. REID, M.R.C.S.E., has been appointed House-Surgeon to the Royal Isle of Wight Infirmary.

W. SHORT, M.R.C.S., has been appointed Medical Officer to the Harrogate Bath Hospital.

F. SIMMS, M.B., has been appointed Assistant-Physician to the West London Hospital, Hammersmith, vice H. Maudsley, M.D., appointed Physician.

J. R. STEDMAN, M.D., has been appointed Certifying Factory Surgeon for Guildford.

R. WARWICK, F.R.C.S.E., has been appointed a Medical Officer to the Richmond Infirmary.

R. A. WARWICK M.D., has been appointed a Medical Officer to the Richmond Infirmary, and also Hon. Secretary.

J. W. WATKINS, M.D., has been appointed Medical Officer and Public Vaccinator for No. 5 or Newton District of the Warrington Union, Lancashire, vice E. S. Leete, M.R.C.S.E., resigned.

W. WATSON, L.F.P. & S. Glas., has been appointed Medical Officer for the Kirkby Thore District of the East Ward Union, Westmoreland, vice W. Dobré, L.R.C.S.E., resigned.

C. C. WIMBERLEY, M.D., has been appointed Medical Officer for the Brinklow District of the Rugby Union.

J. R. WITHECOMBE, M.D., has been appointed a Medical Officer to the Richmond Infirmary.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

E. BECHER, M.D., Assist.-Surgeon 104th Regiment, has been appointed Staff Surgeon, vice Taylor, M.D., deceased.

T. G. BONE, M.D., Staff Surgeon Army, has been appointed Surgeon to the Ceylon Rifle Regiment, vice Cowen, appointed to the Staff.

J. T. COMERFORD, L.R.C.P. Ed., Surgeon R.N., has been appointed to the "Beacon."

H. L. COWEN, F.R.C.S.E., Surg.-Major Ceylon Rifle Regiment, has been appointed Staff Surg.-Major, vice Bone, appointed to the Ceylon Rifle Regiment.

T. H. HILL, M.R.C.S.E., has been appointed Assist.-Surgeon to the 30th Middlesex Rifle Volunteer Corps.

J. LEE, M.R.C.S.E., has been appointed Assist.-Surgeon to the 8th Derbyshire Rifle Volunteer Corps, vice Holmes, resigned.

J. A. MACDONALD, M.D., Assist.-Surgeon R.N., has been appointed to the "Medusa."

J. V. T. MALCOLM, M.D., Staff Assist.-Surgeon Army, has been appointed Assist.-Surgeon 7th Hussars, vice Thornhill, M.B., appointed to the Staff.

C. J. O'NEILL, Staff Assist.-Surgeon Army, has been appointed Assistant-Surgeon 104th Foot, vice Becher, promoted on the Staff.

W. P. SMITH, L.K.Q.C.P.I., Assist.-Surgeon 35th Regiment, has been appointed Staff Assist.-Surgeon, vice Tate, appointed to the 2nd Regiment.

R. TATE, M.D., Staff Assist.-Surgeon Army, has been appointed Assistant-Surgeon 2nd Foot, vice Finegan, deceased.

T. A. THORNHILL, M.B., Assist.-Surgeon 7th Hussars, has been appointed Staff Assist.-Surgeon, vice Malcolm, appointed to the 7th Hussars.

Births, Marriages, and Deaths.

BIRTHS.

On the 27th ult., at Cambridge-terrace, Hyde-park, the wife of Dr. Kirby, of a son.

On the 31st ult., at Lansdowne-road, the wife of Edward Divers, M.D., of a daughter.

On the 2nd inst., at Towlaw, the wife of George Hood, M.D., of a daughter.

On the 4th inst., at Long Sutton, Lincolnshire, the wife of W. Hodgson, M.D., of a daughter.

On the 9th inst., at Petersfield, the wife of R. S. Cross, Surgeon, of a daughter.

MARRIAGES.

On the 5th inst., at Bideford, Charles Hamilton Harvey, M.D., Army Medical Staff, to Hannah Frances, daughter of the late Rev. George Rowe, Rector of St. Dorothy, Jamaica.

On the 8th inst., at the Parish Church, Cheshunt, Herts, Horace Kersey Debenham, Esq., of Prestcigne, Radnorshire, to Eliza, second daughter of the late Thomas Furley Smith, Esq., of Broadway, Worcestershire.—No Cards.

DEATHS.

On the 21st of Dec., Dr. James Davidson, of Strathmore Estate, Jamaica, formerly of Coupar Angus.

On the 8th ult., at Annesley Bay, of dysentery, James Miller, M.D., M.R.C.S., Surgeon in the Peninsular and Oriental Co.'s Service, eldest son of the late Professor Miller of Edinburgh, aged 30.

On the 4th inst., Philip Ashton, son of Ashton Meadows, Esq., of Old Trafford, and grandson of Dr. Pettinger, of Manchester, aged 3 years.

On the 4th inst., John Growse, M.R.C.S.E., of Hendon, Middlesex, aged 47.

On the 5th inst., Thos. Balman, M.D., of Bedford-street South, Liverpool, aged 50.

On the 10th inst., at the Royal Hospital, Greenwich, Maude Louise, daughter of Deputy Inspector-General William R. E. Smart, aged 17 months.

ABSOLON *VERSUS* STATHAM.

THE following subscriptions have been received since last week's issue:—

Dr. T. King Chambers	£1	1	0	J. Wilson, Esq., Hull	£0	10	6
J. T. Cunningham, Esq., Edinburgh	1	1	0	Gavin Martin, Esq., Bradford	0	10	0
D. Campbell, Esq., Liverpool	0	10	6	D. W. C., per Chas. Sims, Esq., Birmingham	1	0	0
W. J. Newman, Esq., ditto	0	10	6	W. J. S., per ditto	0	10	6
R. F. W., Newport, Monmouthshire	0	10	6	Chas. Sims, Esq., ditto	0	10	6
R. H. Osborne, Esq., ditto	0	10	6	Robt. Sims, Esq., ditto	0	10	6
R. W. Belleby, Esq., Nottingham	0	10	6	E. P. Warren, Esq., ditto	0	10	0
H. R. Rowe, Esq., Preston	1	1	0	J. O. C. Phillips, Esq., ditto	0	10	6
R. J. Ryan, Esq., ditto	1	1	0	— Hipkins, Esq., ditto	0	10	6
				W. G., ditto	0	5	0

Gentlemen are requested to send their contributions to Edwin Saunders, Esq., Honorary Treasurer, 13A, George-street, Hanover-square, London, W.; or to Dr. Cholmeley, 40, Russell-square, London, W.C., on or before February 20th, as the subscription-list will be closed on that day.

TERMS OF SUBSCRIPTION TO THE LANCET

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Three Months	0	7	7

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TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	0
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The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

To Correspondents.

BAD WATER? OR BAD AIR?

THE letters of the Rev. W. Langhorne and Dr. C. J. Aldis, which lately appeared in *The Times* in reference to an outbreak of diphtheria in a mews near Wilton-crescent, show how very advisable it is to make sure of facts before forming conclusions, and especially in regard to disease. The clergyman writes impulsively to warn "the public at large of the danger of drinking unfiltered water, or water that comes from dirty cisterns;" the inference being that he had satisfied himself that a foul cistern was the cause of death to three children and of the illness of three others in the family of a coachman living in the mews. Dr. Aldis's letter is written with the caution of an experienced physician, whose habit is one of investigation, as a preliminary to inference. On visiting the mews, he found that one death had taken place, and that the body was lying in a coffin in the loft adjoining a bedroom in which were five children ill with diphtheria, two of whom afterwards died. "In this loft," says Dr. Aldis, "there was only one bed when I visited it. There was no carpet. A wooden gutter, open at the top and at the extremities for receiving rain, and containing a muddy deposit, an inch in depth, traversed the loft near the roof. This was manifestly a very unfit place for children to sleep in, especially during the inclement weather which then prevailed. It was malarious enough to chill and predispose them to disease." It is expressly stated by Dr. Aldis, who is the medical officer of health for the locality, that the cistern had been cleansed before the outbreak, and that it contained a charcoal filter, "so that even the horses drank filtered water." The analysis of the water yielded 21·5 grains of solid matter per gallon, of which 1·12 grains was organic, and there was also a trace of ammonia; but Dr. Aldis evidently does not consider that the general quality of the water was such as to warrant him in ascribing the origin of the disease to its influence. The wretchedly insufficient accommodation for so many children fully explains the facility with which such a malignant disease as diphtheria ran its course in the present case. Sanitary science stands in need of nothing more thoroughly essential to its successful operation than a well-devised system of isolation of infectious cases.

J. B. G.—When a medical practitioner is called to see a pauper patient, attends without delay, and finds that the patient died some hours previous, suddenly, and without medical attendance, the practitioner should communicate the fact to the Coroner of the district.

Queen's English.—The certificate of B.A., M.B., is a contemptible production.

DANGERS OF THE STREETS.

To the Editor of THE LANCET.

SIR,—In your number dated September 21st, 1867, an article appeared headed thus, and it was proposed to throw bridges over the streets at the chief crossings in London and Paris. This proposal, it is to be hoped, will never be carried out, because they would not only necessarily have to be very high to allow of omnibuses &c. to pass under them, but would be very unsightly, and quite useless to those who chiefly require something of the kind —viz., the old, very young, or ladies with any sense of delicacy, who would not be able to climb up these high and nearly perpendicular stairs.

Something, however, is necessary, as it certainly is not creditable that 111 persons should be annually killed by horses and carriages in the streets, and an immense number more seriously injured.

I do not think it has ever been proposed to make at each chief crossing a subway, and this to me seems the most feasible plan. Take, for instance, Regent-circus, and make a circular underground passage seven feet high, and at each of the four corners have about twelve steps and a handrail up to the pavement. It could be lighted by gas, and the ascent and descent would be so easy that all would avail themselves of these passages rather than run the risk of crossing this crowded thoroughfare. The appearance of the streets would be in no way altered, and surely in these days of underground railways the pipes could be turned out of the way to accommodate these subways.

It is our mission to save life, and until something is done it is our duty to agitate, and therefore I hope this new and, I think, practicable scheme may be thought worthy of a place in your valuable journal.

I am, Sir, yours obediently,

Harewood-square, N.W., Feb. 7th, 1868. PERCY BOULTON, M.D.

A Young Surgeon (Bath) makes the following complaint:—In an unusual case which he had been attending as junior surgeon night and day, the patient dying at the end of three months, he was not asked by the surgeon to attend the autopsy; but a stranger to the patient's relatives was called in, of the same standing as "A Young Surgeon." Such a want of common politeness on the part of the senior is highly reprehensible.

W. R.—1. Yes.—2. The opinion could be formed independent of the symptom referred to.

STAFF SURGEON BECHER.

WE have received several letters, complaining of the recent promotion of Dr. Becher. We are told that the appointment of this officer, with the power of reckoning his service while attached to the hospitals in the East, was entirely due to the act of the late Lord Herbert.

A Subscriber (Poona, Bombay) is thanked for his interesting communication; but it has been in a great measure anticipated by the intelligence already received and published in this country.

W. F., (Glasgow.)—It cannot be supposed for an instant that Dr. Britton was a party to the insertion of the puffing paragraph in the *Driffield Times* relating to the removal of a cancerous breast.

WILL *Dr. Igous* be good enough to furnish us with the date of his letter?

RICHMOND INFIRMARY.

WE intended to have made some remarks *seriatim* upon the "laws" which have been framed for the conduct of this institution; but they are so generally inapplicable to the purpose, and many of them so offensive, that it is the bounden duty of the governors and the subscribers to at once call a special meeting to consider the entire subject. The infirmary appears to have had its origin in the activity of some of the medical practitioners of Richmond, who have framed the laws in total ignorance of their effect, or with a desire to render the infirmary as exclusive and as private an institution as possible. The attempt to place the real government of the charity in the hands of the medical officers is opposed to its true interests, and one which we trust the lay governors will take immediate steps to prevent. Nothing can be more absurd than that eight medical officers should be appointed when there are but twelve beds in the building; but this regulation is rendered still more offensive, as it states that no vacancy is to be declared in the medical staff until their number has been reduced to three. We have selected these two precious specimens of legislative ability upon the part of the founders of the Richmond Infirmary. They are not amongst the worst of the laws of that institution. *Verbum sap.*

Somebody is thanked for his communication. The whole subject is under consideration; and more detailed information on the mode of election to vacancies and any other branch of the subject would be acceptable, the more so if supplied immediately. A complete and accurate list of the present examiners would be useful.

Dr. Stuart Munro.—Before answering the question put to us, we shall be glad to be informed of the nature of the illness in which it was found necessary to make so many *prolonged* examinations of the chest.

A Constant Subscriber, (Westmoreland.)—1. Not unless he employed the surgeon, and promised to pay him.—2. It is neither just nor generous so to act.

CORONER FOR WESTERN MIDDLESEX.

To the Editor of THE LANCET.

SIR,—When I retired from this contest, I felt very strongly the superior claims of Dr. Hardwicke, otherwise I should now be in the field as an active and determined candidate. I am sure the great body of the profession must with me see with much regret the contest that is now going on between Dr. Diplock and Dr. Hardwicke, and have been looking forward to some authoritative expression of opinion from your powerful pen. Dr. Hardwicke has worked hard and well, and proved himself in every way fitted for the office of Coroner, and it seems to me very hard that, just as he is about to receive the reward of his years of labour, another should come forward and try to snatch it from him—not on the ground of superior claims or greater fitness but because he does not require to look to his talents as the means of an honourable subsistence for himself and family.

I am quite sure the common electioneering tactics that are being resorted to against Dr. Hardwicke will not tend to raise us in public opinion; and should two doctors go to the poll, it will be another example of the great want of that unity which should exist in a profession like ours, which professes to have as one common object the benefiting of mankind.

Your obedient servant,

February 10th, 1868. HOLE DUNN.

Cantab.—He would require to spend a year and a half or two years at the University. He will, however, find full information on the subject in the Students' Number of THE LANCET.

Mr. R. P. Oglesby will oblige by sending the case.

C. H.—The Medical Club is now in such a state that the addition of a few town members would make it complete. For a short time these will be enabled to join on the smaller subscription.

W. L.—Under the 16th clause of the Act, the guardians have the power of making the arrangement complained of. In some cases it would doubtless be a hardship to the poor; but as a whole it will work well.

DRY-EARTH SYSTEM AT TERLING.

Sanitas.—It appears to us that the dry-earth system would be applicable to this village. The difficulty in the way of its adoption would probably be mainly one of expense; but the matter is well worth the consideration of the local authorities.

House-Surgeon.—Such inquiries should be addressed to the Sydenham Society, or to one of the medical publishers.

WATERFORD LYING-IN HOSPITAL.

To the Editor of THE LANCET.

SIR,—My attention has this day been drawn to a notice of the Lying-in Hospital of this town which appeared in the issue of your journal for the 21st of December last, and I write to correct a clerical error respecting the statistics of that hospital as they are set forth in that notice. It is there stated that the mortality from puerperal fever in the hospital during the last twenty-three years has been at the rate of 1 death in 338 deliveries. In making this statement an initial unit has inadvertently been omitted; the fact being that the death-rate from puerperal fever for the period in question has been 1 in 1338 deliveries, as you may see on referring to the pamphlet which accompanies this letter, in which it is shown that the deliveries have been 2656, and the deaths from puerperal fever 2.

I think it worth while to trouble you with this rectification, because it brings out more strongly the advantage of reducing the number of beds in a ward; for whereas in the house occupied as an hospital from March, 1826, to October, 1844, in which eight beds were grouped together in a single ward, the deaths from puerperal fever were, as you have stated, 3 in 753, or 1 in 251 deliveries, in the present hospital, with the same number of beds divided between two wards, the mortality from the same disease has been, as I have noticed above, only 2 in 2656, or 1 in 1328 deliveries.

I remain, Sir your obedient servant,

Waterford, February 7th, 1868. JOHN ELLIOTT.

THE PADMORE FUND.

THERE are three members of the family of the late Mr. Padmore wholly unprovided for—Annie, aged eighteen; Frederick, aged seventeen; and Edmund, aged five. We are informed by the eldest two that money has been collected in different places in Jersey as well as in London, but that they are unable to obtain any portion of it, and they are not aware that any committee has yet been formed. The person with whom they are staying at present is certainly unable to keep them, and they really do not know what will become of them. The youngest has not been taken by a patient of his late father, as was announced. A lady did offer to take him, provided he was in future never to be regarded as a brother. Mr. Erichsen has been good enough to inform us that, on inquiry if any committee had been formed to receive subscriptions, he found none had been constituted; and as the eldest son is paralytic and deaf and dumb, and the other children young, he sent the sum collected to their brother-in-law, a respectable man in a scholastic position, and he has undertaken to apply it in the best way for the benefit of his relatives.

Dr. Downes is thanked for his communication on "Delhi Sores;" but we are prevented by pressure on our columns from publishing at present anything farther on the subject.

Empiric.—The quack has already been exposed in the columns of THE LANCET.

Dr. M'Nab.—Not unless a wish for its return is expressed at the time.

FACTORY ACT SURGEONS.

To the Editor of THE LANCET.

SIR,—*Apropos* of Clubs and their stipends, let me remind the profession that an opportunity is now offering for it to strike—legitimately, and with effect. Appointments are being made throughout the country of certifying surgeons under the Factory Extension Act. It entirely depends upon medical men themselves how they are to be remunerated. Since my appointment under the Act, I have firmly declined to grant any of the necessary certificates under a fee of 5*s.*, or to accept a contract for much less than 5*s.* on an average for each certificate. I have no doubt in some cases the masters of factories and the sub-inspector of the district will attempt to obtain the necessary signature of the certifying surgeon for less; but if they succeed, the surgeon himself will be alone to blame.

I find the appointment much superior to a Poor-law post. The work is easier, pleasanter, and better paid.

It is my firm conviction that if as a body we are underpaid, it is our own fault. We underrate ourselves, run each other down, and then abuse mankind for not paying us better. People take us, in fact, at our own valuation. The truth is, I value myself very highly, and find, as a rule, I am paid in proportion. I have no notion of working for nothing. If I am to starve, I prefer starving at my ease.

Yours faithfully,

Cheltenham, February 8th, 1868. A. FLEISCHMANN.

Rochdale.—We have perused with some amusement, but with a certain degree of regret, the correspondence published in the *Rochdale Pilot* between Dr. Hayle, homœopathic practitioner, and Dr. Elliot, both of that town. A good deal has been imported into the question which has no real bearing upon professional etiquette. Dr. Elliot was in attendance upon a female servant who had received an injury upon the railway. At the end of six weeks Dr. Hayle was requested to see the patient upon the part of the railway authorities. This he attempted to do without any communication, direct or indirect, with the plaintiff herself, her master, or the gentleman who had during the above period been in attendance upon her. The patient would not see Dr. Hayle. Now, without reference to homœopathy or legitimate medicine, it is evident to the commonest understanding that the first duty of Dr. Hayle was to have requested an interview with Dr. Elliot. Indeed he was bound to seek such an interview. How was it possible that he could arrive at any accurate conclusion respecting the case when he ignored the only reliable testimony which was open to him? We aver that "the rules of professional etiquette are not opposed to common sense and fair dealing." On the contrary, medical etiquette is in accordance with the strictest principles of common sense and justice. Professional etiquette is founded upon the highest principles of social amenities, and on the highest regard to the interests of the public. We have no hesitation in stating our opinion that Dr. Hayle was perfectly wrong in the course he pursued. In this opinion we entirely ignore the position of the antagonists in this question. Whether the practitioners engaged in such a controversy be disciples of one school or another, the real question at issue has a far wider basis. Dr. Hayle did wrong. Dr. Elliot properly complained of him, and, though somewhat sharp in his remarks on homœopathy, he writes in good temper. Dr. Hayle is angry, but then he is in the wrong.

Mr. P. E. Miall.—The notice was written at a time when it was anticipated the collection would be used for scientific and legitimate purposes.

VILLAGE HOSPITALS.

To the Editor of THE LANCET.

SIR,—In reply to the inquiries of your correspondent, "Z.," with reference to Village Hospitals, I beg to send you a list of publications, which contain a great deal of information regarding these valuable institutions.

1. "Village Hospitals," &c., by Albert Napper. Lewis. 1866.
2. "Cottage Hospitals," by Dr. Waring. Churchill. 1867.
3. *Good Words*, May, 1866, contains a paper on "Village Hospitals" by Dr. Wynter.

If "Z." will forward to me his name and address, I shall feel pleasure in transmitting to him a report of the Scarborough Village Hospital, which contains the rules employed in the management of that charity.

I remain, Sir, yours faithfully,

CORNELIUS R. FOX, M.D., M.R.C.P.

South Cliff, Scarborough, February 8th, 1868.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Buchanan; Mr. Savory; Dr. Odling; Mr. Hunter, Dartford; Mr. Rimmington, Bradford; Mr. Cross, Petersfield; Mr. Lawrence; Mr. Barber; Mr. R. Wood, Aylesbury; Mr. Nickisson; Dr. Hilditch, Bath; Mr. Gell, Birmingham; Mr. Teale, Bangor; Mr. Watson; Dr. Balbirnie; Mr. Crofts; Dr. Moses, Burton-on-Trent; Mr. Allen; Mr. Cheesewright, Sturminster; Dr. Curran; Mr. Richards; Dr. Armstrong; Mr. Humpage; Mr. Nicholls; Mr. Horne; Dr. Branson; Dr. De la Cour; Dr. Percy Boulton; Mr. Paine, Exeter; Messrs. Calvert and Co.; Dr. Carter, Clifton; Mr. A. Chaplin, Lewes; Mr. Jonas; Mr. Moore; Mr. Miall, Bradford; Mr. R. Thomas, Aberdare; Dr. Turnbull; Mr. W. Williams; Mr. Wright, Derby; Mr. Blake, Birmingham; Mr. Clover; Mr. Heckford; Dr. Black, Chesterfield; Mr. T. J. Jones, Eckington; Dr. Clark, Chasetown; Dr. Lloyd; Mrs. Macdonell, Clifton; Dr. Moore, Dublin; Dr. Norton, Tamworth; Mr. W. A. Stone; Mr. Skipp; Mr. Edwards, Tunstall; Mr. Vipan; Mr. Wickers, Towcester; Dr. Camps; Mr. J. Baxter Langley; Dr. Hopkins, Handsworth; Dr. Stuart Munro; Dr. Haynes; Dr. Stewart, Belfast; Dr. Holt Dunn; Dr. Hood, Tow Law; Dr. Rogan, Derry; Dr. Redwood, Rhymney; Mr. H. Elliott, Manchester; Mr. Fraser; Dr. Fox, Scarborough; Dr. A. Fleischmann, Cheltenham; Dr. Macdonald; Dr. Renshaw, Shetford; Dr. Lyons; Dr. Miller, Edinburgh; Dr. M'Nab, Loch Inver; Mr. Cane; Dr. Heslop, Birmingham; M. Prêterre, Paris; Dr. Betts, Spalding; Mr. Oglesby, Leeds; Dr. Elliott, Waterford; Mr. Fallan, Douglas; Mr. Charteris; Mr. Roberts; Dr. Hicks; Mr. Jack; Mr. Bland; Dr. Evans, Treherbert; Royal Institution; S. M.; A Constant Subscriber, Westmoreland; J. L.; H., Tamworth; Somebody; Devoniensis; B. A.; Queen's English; Lambricus; House-Surgeon; L.; J. R., Ulster; Junius Medicus; The Registrar-General of Edinburgh; M.D.; A Young Surgeon; J. K.; J. B. G.; Flying Fish; W. A.; Cantab.; W. E. F.; A Constant Reader, Preston; F. and H.; W. L.; &c. &c.

THE *Sheffield Telegraph*, the *Penrith Observer*, the *Lincolnshire Chronicle*, the *Border Advertiser*, the *Age* (Melbourne), the *Surrey Comet*, the *Bermuda Chronicle*, the *Manchester Courier*, the *Rochdale Pilot*, the *Kendal Mercury*, and the *Gateshead Observer* have been received.

Medical Diary of the Week.

Monday, Feb. 17.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures. Dr. Geo. Buchanan, "On Pneumonia and Pleurisy in Children."

Tuesday, Feb. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On the Discoveries of Faraday."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Feb. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 3 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."

Thursday, Feb. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On the Discoveries of Faraday."
SOUTH LONDON MEDICO-CHIRURGICAL SOCIETY.—8 P.M. Dr. Gervis: "Remarks on the Diagnosis and Treatment of Uterine Cancer." — Mr. J. Z. Laurence, "On Watery Eye." — Dr. Kempthorne: "Notes of Cases and Experiments illustrating the Action of certain Drugs."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. W. Adams: "In what Cases is Lateral Curvature of the Spine Curable, and what are the directly Curative Means?"

Friday, Feb. 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
ROYAL INSTITUTION.—5 P.M. Rev. M. W. Mayow, "On Macbeth and Hamlet."

Saturday, Feb. 22.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Roscoe, "On the Non-Metallic Elements."